

INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 667. HOSPITAL STANDARDS**

1. DESCRIPTION:

The legal citations and terminology used in 310:667-1-2 Definitions have been revised to align with statute. In an effort to improve conciseness and readability, the proposed revisions to Subchapter 59. Classification of Hospital Emergency Services eliminate duplication within each Section and consolidate identical requirements by using references to requirements stated in lower classification levels, e.g. "A Level I hospital is subject to the same emergency services requirement as a Level II hospital as set forth in (c)(1)(A) of this Section." We have also applied the same concept for requirements that include a long list of items, e.g. "All of the quality improvement indicators listed for Level III classification set forth in (a)(5) of this Section" and then state the one or two new items, rather than repeating the entire list in each classification level.

2. DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:

The persons affected by this proposed rule change are hospital entities that are subject to this Chapter. There is no anticipated cost impact with these rule changes.

3. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

Hospitals will benefit from these rule revisions as the changes are intended to make it easier to identify the differences between each level of classification.

4. ECONOMIC IMPACT, COST OF COMPLIANCE, AND FEE CHANGES: COST OF COMPLIANCE AND FEE CHANGES:

There is no expected economic impact, cost of compliance, or fee changes associated with these proposed changes.

5. COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:

There is no anticipated cost with implementing these rule changes for OSDH.

6. IMPACT ON POLITICAL SUBDIVISIONS:

There is no expected impact on political subdivisions.

7. ADVERSE EFFECT ON SMALL BUSINESS:

There is no known adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

8. EFFORTS TO MINIMIZE COSTS OF THE RULE:

There are no less costly means currently identified.

9. EFFECT ON PUBLIC HEALTH AND SAFETY:

Hospitals should have a better understanding of what is required for each classification level.

10. DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:

There are no detrimental effects on public health and safety without adoption.

11. PREPARATION AND MODIFICATION DATES:

This rule impact statement was prepared on December 3, 2021.

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 667. HOSPITAL STANDARDS**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions [AMENDED]

Subchapter 59. Classification of Hospital Emergency Services [AMENDED]

SUMMARY:

The legal citations and terminology used in 310:667-1-2 Definitions have been revised to align with statute. In an effort to improve conciseness and readability, the proposed revisions to Subchapter 59. Classification of Hospital Emergency Services eliminate duplication within each Section and consolidate identical requirements by using references to requirements stated in lower classification levels, e.g. "A Level I hospital is subject to the same emergency services requirement as a Level II hospital as set forth in (c)(1)(A) of this Section." We have also applied the same concept for requirements that include a long list of items, e.g. "All of the quality improvement indicators listed for Level III classification set forth in (a)(5) of this Section" and then state the one or two new items, rather than repeating the entire list in each classification level.

AUTHORITY:

Commissioner of Health; Title 63 O.S. § 1-104; Rules and Standards, 63 O.S. § 1-705

COMMENT PERIOD:

January 18, 2022 through the close of the Department's normal business hours, 5 PM, on February 18, 2022. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through the close of the Department's normal business hours, 5 PM, on February 18, 2022, submit written comment to the contact person identified below, or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on February 18, 2022 at the Oklahoma State Department of Health Auditorium, 123 Robert S. Kerr Avenue, Oklahoma City, Oklahoma 73102 from 9:30 AM to 12:30 PM. The meeting may adjourn earlier if all attendees who signed up to comment have completed giving their comments. The alternate date and time in the event of an office closure due to inclement weather is February 22, 2022 in the Auditorium, from 9:30 AM to 12:30 PM. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice. Validated parking will be provided for the parking lot located at the east corner of Broadway and Robert S. Kerr Avenue, subject to availability.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through the close of the Department's normal business hours, 5 PM, on February 18, 2022, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.ok.gov/health.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., § 303(D), a rule impact statement is available through the contact person identified below or via the agency website at www.ok.gov/health.

CONTACT PERSON:

Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102, phone (405) 426-8563, e-mail AudreyT@health.ok.gov.

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 667. HOSPITAL STANDARDS**

SUBCHAPTER 1. GENERAL PROVISIONS

310:667-1-1. Purpose

The purpose of this Chapter is to provide rules for hospitals as required by 63 O.S. ~~1991~~, §§ 1-705.

310:667-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Addition" means an extension or increase in floor area or height of a building structure.

"Administrator" means the chief executive officer for the hospital.

"Advanced practice nurse" means a licensed registered nurse recognized by the Oklahoma Board of Nursing as an advanced practice nurse. Advanced practice nurses shall include advanced registered nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists.

"Automatic" means providing a function without the necessity of human intervention.

"Building" means a structure used or intended for supporting or sheltering any use or occupancy. The term "building" shall be construed as if followed by the words "or portions thereof."

"Chemical restraint" means the use of a medication for the purpose of discipline, convenience, or in an emergency situation to control mood or behavior and not required to treat a patient's condition.

"Combustible" means capable of undergoing combustion.

"Critical Access Hospital" means *a hospital determined by the State Department of Health to be a necessary provider of health care services to residents of a rural community* [63 O.S. § 1-701].

"Department" means the Oklahoma State Department of Health.

"Emergency hospital" means *a hospital that provides emergency treatment and stabilization services on a twenty-four-hour basis that has the ability to admit and treat patients for short periods of time* [63 O.S., § 1-701].

"Existing facility" means licensed hospitals that are in existence or have had final drawings for construction approved by the Department at the date this Chapter ~~become~~ became effective. A general medical surgical hospital that converts to a critical access hospital ~~shall be~~ is considered an existing facility.

"General medical surgical hospital" means *a hospital maintained for the purpose of providing hospital care in a broad category of illness and injury* [63 O.S. § 1-701]

~~**"General medical surgical hospital"** means a general hospital that provides medical and surgical procedures.~~

"Governing body" means the person(s) having ultimate responsibility, including fiscal and legal authority for the hospital.

"Hospital" means *any institution, place, building, or agency, public or private, whether organized for profit or not, primarily engaged in the maintenance and operation of facilities for the diagnosis, treatment, or care of patients admitted for overnight stay or longer in order to obtain medical care, surgical care, obstetrical care, or nursing care for illness, disease, injury, infirmity, or deformity. ~~All~~ Places where pregnant females are admitted and receive care incident to pregnancy, abortion or delivery shall be considered to be a "hospital" within the meaning of this ~~publication~~ article regardless of the number of patients received or the duration of their stay. The term "hospital" includes general medical surgical hospitals, specialized hospitals, critical access and emergency hospitals, and birthing centers* [63 O.S. § 1-701].

"Include" and **"Includes"** means include(s) but is not limited to.

"Hospital campus" means inpatient and/or outpatient facilities located at different addresses operated under a common hospital license issued by the Department.

"Licensed independent practitioner" means any individual permitted by law and by the licensed hospital to provide care and services, without direct supervision, within the scope of the individual's license and consistent with clinical privileges individually granted by the licensed hospital. Licensed independent practitioners may include advanced practice nurses with prescriptive authority, physician assistants, dentists, podiatrists, optometrists, chiropractors, and psychologists.

"Licensed practical nurse" means a person currently licensed to practice practical nursing in Oklahoma.

"Licensed/registered dietitian" means a person who is registered as a dietitian by the American Dietetic Association and is currently licensed as a dietitian in Oklahoma.

"Licensure" means the process by which the Department grants to persons or entities the right to establish, operate, or maintain any facility.

"Occupancy" means the purpose for which a building or portion thereof is used or intended to be used.

"Pharmacist" means a person who is currently registered by the Oklahoma State Board of Pharmacy to engage in the practice of pharmacy.

"Physical restraint" means any manual method or physical or mechanical device, material or equipment attached or adjacent to a patient's body that the patient cannot remove easily, that is not used for the purpose of therapeutic intervention or body alignment as determined by the patient's physician or licensed independent practitioner, and which restricts the patient's desired freedom of movement and access to his or her body.

"Physician" means a doctor of medicine (M.D.) or osteopathy (D.O.) currently licensed to practice medicine and surgery in Oklahoma.

"Physician assistant" means an individual licensed as a physician assistant in Oklahoma.

"Practitioner" means a dentist, podiatrist, chiropractor, optometrist, physician assistant, psychologist, certified nurse mid-wife, advanced registered nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, physical therapist, occupational therapist, pharmacist, social worker or other individual currently licensed or authorized to practice as a medical professional in Oklahoma.

"Psychiatric hospital" means a specialized hospital maintained for the purpose of providing psychiatric care.

"Registered nurse" means a person currently licensed to practice registered nursing in Oklahoma.

"Rehabilitation hospital" means a specialized hospital maintained for the purpose of providing rehabilitation.

"Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care [59 O.S. § 2027]

"Specialized hospital" means a hospital maintained for the purpose of providing hospital care in a certain category, or categories, of illness and injury [63 O.S. § 1-701].

SUBCHAPTER 59. CLASSIFICATION OF HOSPITAL EMERGENCY SERVICES

310:667-59-1. General

(a) All hospitals that treat emergency patients ~~shall~~ must identify the extent of the stabilizing and definitive emergency services they provide. ~~For each of the clinical areas listed in OAC 310:667-59-7 for which a hospital provides emergency services, the hospital shall designate which classification level of service it provides. A hospital must also identify the classification level of the service it provides for the clinical areas list in OAC 310:667-59-7.~~

(b) All hospitals ~~shall~~ must participate in the state-wide trauma, stroke, and ST-Elevated Myocardial Infarction (STEMI) registries and ~~shall~~ submit the related data ~~to the Department~~ as required by the Department. Hospitals ~~shall~~ must submit data on the other emergency medical services they provide as required by the Department as the data collection tools to capture this information become available.

310:667-59-3. Inspections and deemed status

- (a) **Inspections by Department.** All hospitals required to have a license are subject to inspection by Department staff in accordance with OAC 310:667-1-4.
- (b) **Verifying Classification Level.** The Commissioner ~~shall designate representatives~~ designates survey teams to verify a hospital's emergency services are accurately classified for trauma and emergency operative services Levels II, III and IV, and all other classified emergency services. ~~Survey teams for facilities providing~~ A survey team will include a physician, if the team inspects a hospital that provides trauma and emergency operative services at Levels II and III shall include a physician either Level II or III. A hospital must report its level of emergency services through the Emergency Medical Services Classification Report (ODH Form 911). If it is determined a hospital does not ~~meet~~ comply with all the requirements for a service to be classified at the Level ~~reported on the Emergency Medical Services Classification Report (ODH Form 911) stated on Form 911,~~ then the Department ~~shall~~ will classify that service at the next lowest Level where all requirements are met.
- (c) **Verifying Level I and II Trauma and Emergency Operative Services Through ACS COT.** ~~Hospitals holding current verification~~ A hospital verified as a Level I or Level II trauma center ~~issued after through~~ an on-site review of their trauma services by a verification team from the American College of Surgeons Committee on Trauma (ACS COT) shall be deemed is considered to meet have met the classification requirements for Trauma and Emergency Operative Services listed in OAC 310:667-59-9(c) or OAC 310:667-59-9(d). Such hospitals ~~shall~~ will be classified by the Department as providing definitive trauma and emergency operative services at either classification Level I or Level II as reported by the ACS based on the provisions of this Subchapter.
- (d) **Verifying Level II Trauma and Emergency Operative Services.** The services provided by hospitals classified at Level II for Trauma and Emergency Operative Services may be verified by either ACS COT surveyors or other representatives ~~deemed qualified by that~~ the Commissioner considers qualified.
- (e) **Verifying Level I Trauma and Emergency Operative Services.** ~~Only hospitals holding current verification as a Level I trauma center after~~ A hospital is classified at Level I for trauma and emergency operative services, if it is verified through an ACS COT on-site review of their trauma services by a verification team from the ACS COT according to the that is based on the standards at OAC 310:667-59-9(d) shall be classified at Level I for trauma and emergency operative services.
- (f) **Verifying Level I and II Stroke Services.** The Department ~~may~~ must grant Level I or Level II Stroke Center classification to hospitals holding current verification as a Primary Stroke Center ~~issued after through~~ an on-site review of their emergency stroke services by a verification team from The Joint Commission. Such classification ~~shall also be~~ is granted to hospitals that meet the requirements of a Level I or Level II Stroke Center as specified at OAC 310:667-59-20 (relating to the classification of emergency stroke services) and verified by ~~Department staff~~ the accrediting organization.

310:667-59-5. Notification

- (a) Each hospital ~~shall~~ must notify the regional emergency medical services system control when treatment services are at maximum capacity and ~~that~~ emergency patients should be diverted to another hospital (divert status).
- (1) If the hospital is located in an area ~~in which~~ where no regional emergency medical services system control is active, ~~then~~ the hospital shall must notify each entity providing emergency medical services, such as ambulance services, in their catchment area.
 - (2) Each hospital ~~shall~~ must maintain written records ~~documenting~~ that includes the date and time of the start and end of each ~~divert status~~ interval of divert status.
- (b) Each hospital ~~shall develop and~~ must maintain written criteria that describe the conditions under which any one or all of the hospital's emergency services are ~~deemed to be~~ at maximum capacity.
- (c) A hospital classified at Level I or Level II for Trauma and Emergency Operative Services or as a Primary Stroke Center ~~shall~~ must notify the Department in writing or by facsimile or other electronic means ~~within twenty-four (24)~~ 24 hours of the complete loss of verified status as a Level I or Level II trauma center by ACS COT, or as a Primary Stroke Center by the Joint Commission.

- (d) A hospital ~~shall~~ must notify the Department in writing or by facsimile or other electronic means within ~~twenty-four hours (24)~~ 24 hours if it is unable to provide any classified emergency medical service at the current classified level, ~~such as through the unavailability of professional personnel or required equipment which is beyond the scope of the facility's normal divert protocols.~~ If ~~such an~~ the interruption of service is expected to be brief and the hospital notifies the Department promptly, ~~then~~ at the discretion of the Commissioner, it may not be necessary to permanently reclassify the service to a lower Level.
- (e) ~~A hospital may~~ To request a permanent change in classification for any classified emergency medical service ~~by notifying a hospital must notify~~ the Department in writing and ~~submitting~~ submit a new Emergency Medical Services Classification Report (ODH Form 911) at least ~~thirty (30) days prior to~~ 30 days before the effective date of the change.

310:667-59-7. Clinical categories of emergency medical services

The level of stabilizing and definitive emergency medical services provided by each hospital ~~shall be~~ is identified for each of the following clinical categories according to the classification criteria in OAC 310:667-59-9 through OAC 310:667-59-25.

- (1) Trauma and emergency operative services;
- (2) Cardiology;
- (3) Pediatric medicine and trauma;
- (4) Dental;
- (5) Obstetrics/Gynecology;
- (6) Ophthalmology;
- (7) Stroke services;
- (8) Neurology;
- ~~(8)~~(9) Psychiatry; and
- ~~(9)~~(10) General Medicine.

310:667-59-9. Classification of trauma and emergency operative services

(a) **Level IV.** A Level IV ~~facility shall provide~~ hospital provides emergency medical services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or intermediate or paramedic level emergency medical technician on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level IV for trauma and emergency operative services if it ~~meets the following requirements~~ complies with all of this subsection (a):

- (1) **Clinical services and resources.** No diagnostic, surgical, or medical specialty services are required.
- (2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ an Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic, ~~as defined in OAC 310:641-7, level emergency medical technician shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic ~~level emergency medical technician,~~ then at least one of the practitioners on duty ~~shall have~~ has received training in advanced life support techniques and ~~be deemed~~ is competent to initiate treatment of the emergency patient.
 - (A) ~~If the facility is licensed as a General Medical Surgical Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~
 - (B) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~
 - (C) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

~~(D) If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** The hospital ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and immediately available, including ~~at least~~ the following:

- (A) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen;
- (B) Suction devices;
- (C) Electrocardiograph-oscilloscope-defibrillator-pacer;
- (D) Standard intravenous fluids and administration devices, including large-bore intravenous catheters;
- (E) Sterile surgical sets for:
 - (i) Airway control/cricothyrotomy;
 - (ii) Vascular access; and
 - (iii) Chest decompression.
- (F) Equipment for gastric decompression;
- (G) Drugs necessary for emergency care;
- (H) Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(c)(4); and
- (I) Thermal control equipment for patients.

(4) **Agreements and policies on transfers.**

- (A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another ~~facility~~ hospital.
- (B) The ~~facility shall have~~ hospital has a transfer agreement with a hospital capable of providing trauma care for severely injured patients. This agreement ~~shall include~~ includes reciprocal provisions requiring the ~~facility~~ hospital to accept return transfers of patients at such time as the ~~facility~~ hospital has the capability and capacity to provide needed care. ~~Reciprocal agreements shall and does not incorporate financial provisions for transfers.~~
- (C) The ~~facility shall have~~ hospital has transfer agreements with a hospital capable of providing burn care in a physician-directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient.
- (D) The ~~facility shall have~~ hospital has transfer agreements with a hospital capable of providing acute spinal cord and head injury management and rehabilitation.
- (E) The ~~facility shall have~~ hospital has transfer agreements with a hospital capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient.

(5) **Quality Improvement.**

~~(A) For a hospital licensed as a general medical surgical hospital, in addition to the requirements of OAC 310:667-11-1 through OAC 310:667-11-5, the~~ In addition to any other quality improvement requirements the hospital is subject to, the quality improvement programs shall include program must also include the following subjects:

- ~~(A) (i)~~ Trauma registry;
 - ~~(B) (ii)~~ Audit for all trauma deaths to include prehospital care and care received at a transferring ~~facility~~ hospital;
 - ~~(C) (iii)~~ Morbidity and mortality review;
 - ~~(D) (iv)~~ Medical nursing audit, utilization review, tissue review; and
 - ~~(E) (v)~~ The availability and response times of on call staff specialists ~~shall is~~ be defined in writing, documented, and continuously monitored.
- ~~(B) For a hospital licensed as a critical access hospital, in addition to the requirements of OAC 310:667-39-7, the quality improvement programs shall include:~~

- ~~(i) A trauma registry;~~
- ~~(ii) Audit for all trauma deaths to include prehospital care and care received at a transferring facility;~~
- ~~(iii) Morbidity and mortality review;~~
- ~~(iv) Medical nursing audit, utilization review, tissue review; and~~
- ~~(v) The availability and response times of on call staff specialists shall be continuously monitored and documented.~~

~~(C) For a facility licensed as a birthing center, in addition to the requirements of OAC 310:667-616-5-2, the quality improvement programs shall include:~~

- ~~(i) Trauma registry;~~
- ~~(ii) Audit for all trauma deaths to include prehospital care and care received at a transferring facility;~~
- ~~(iii) Morbidity and mortality review;~~
- ~~(iv) Medical nursing audit, utilization review, tissue review; and~~
- ~~(v) The availability and response times of on call staff specialists shall be continuously monitored and documented.~~

(b) **Level III.** A Level III facility ~~shall provide~~ hospital provides emergency medical services with an organized trauma service and emergency department. A physician and nursing staff with special capability in trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. General surgery and anesthesiology services ~~shall be~~ are available either on duty or on call. A hospital ~~shall~~ must be classified at Level III for trauma and emergency operative services if it ~~meets the following requirements~~ complies with all of this subsection (b):

(1) **Clinical services and resources.**

(A) **Trauma service.** A trauma service ~~shall be~~ is established by the medical staff and ~~shall be~~ is responsible for coordinating the care of injured patients, the training of personnel, and trauma quality improvement.

~~(i) Privileges for physicians participating in the trauma service shall be~~ are determined by the medical staff credentialing process.

~~(ii) All patients with multiple-system or major injury shall be~~ are evaluated by the trauma service.

~~(iii) The surgeon responsible for the overall care of the admitted patient shall~~ must be identified.

(B) **Emergency services.** A physician ~~deemed~~ competent in the care of the critically injured and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The emergency service may also serve as the trauma service.

~~(i) For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

~~(ii) For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(C) **General surgery.** A board certified, board eligible, or residency trained general surgeon ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. ~~For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(D) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24)~~ 24 hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(E) **Internal medicine.** A physician board certified, board eligible, or residency trained in internal medicine ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department.

(F) **Orthopedic Surgery.** A physician board certified, board eligible, or residency trained in orthopedics and ~~deemed~~ competent in the care of orthopedic emergencies ~~shall be~~ is either on site or on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. In the absence of the orthopedic surgeon, a physician designated by the trauma director and credentialed to provide stabilizing emergency orthopedic treatment may provide care ~~prior to~~ before transfer.

(G) **Operating suite.** An operating suite with thermal control equipment for patients and infusion of blood and fluids ~~shall be~~ is available ~~twenty-four (24)~~ 24 hours a day.

(H) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with and the~~ nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.

(I) **Intensive care unit.** The hospital ~~shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

(i) Compliance with OAC 310:667-15-7;

(ii) ~~with a~~ A registered nurse on duty in the intensive care unit ~~whenever the unit, when it~~ has a patient(s) patient;

(iii) A registered nurse ~~shall be~~ on call and immediately available when ~~no patients are in the~~ unit; it does not have a patient; and

(iv) ~~The hospital shall define and document in writing~~ Written policies defining the minimum staffing requirements for the intensive care unit, ~~and shall monitor compliance with~~ these These staffing requirements are monitored through the quality improvement program.

(J) **Diagnostic imaging.** The hospital ~~shall have~~ has diagnostic x-ray services available ~~twenty-four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day.

(i) ~~For hospitals licensed as general medical surgical hospitals or specialty hospitals,~~ diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.

(ii) ~~For hospitals licensed as critical access hospitals,~~ diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.

(K) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available:~~ These services include:

(i) Comprehensive immunohematology services including blood typing and compatibility testing;

(ii) A supply of blood and blood products ~~shall be~~ on hand that is properly stored and adequate to meet expected patient needs. ~~All blood and blood products shall be properly stored;~~

(iii) ~~The hospital shall have access~~ Access to services provided by a community central blood bank;

~~(ii)~~(iv) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;

~~(iii)~~(v) Coagulation studies;

(iv)(vi) Blood gas/pH analysis;

~~(v)~~(vii) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and

~~(vi)~~(viii) Drug and alcohol screening.

~~(vii) For hospitals licensed as general medical surgical hospitals or specialty hospitals, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

~~(viii) For hospitals licensed as critical access hospitals, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(L) **Social services.** Social services ~~shall be~~ are available and provided as required in accordance with Subchapter 31 of this Chapter.

(M) **Burn Care.** ~~If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(O)(i) it shall have a transfer agreement with a hospital capable of providing burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient.~~

(i) The hospital provides burn care in a physician-directed, organized burn care center with nursing staff personnel trained in burn care and equipped properly for care of the extensively burned patient; or

(ii) If the hospital is unable to satisfy (i) of this subparagraph (M), then it must have a written transfer agreement with a hospital that does meet the requirement of (i) of this subparagraph (M).

(N) **Spinal cord and head injury management.** ~~If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(P)(i) it shall have a transfer agreement with a hospital capable of providing acute spinal cord and head injury management and rehabilitation. The hospital provides acute spinal cord and head injury management and has a written transfer agreement with a hospital that provides comprehensive rehabilitation services.~~

(O) **Rehabilitation services.** ~~If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(Q)(i) it shall have a transfer agreement with a hospital which meets the requirements of Subchapter 35 of this Chapter and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient.~~

(i) The hospital provides rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient; or

(ii) If the hospital is unable to satisfy (i) of this subparagraph, then it must have a written transfer agreement with a hospital that satisfies (i) of this subparagraph and the requirements of Subchapter 35 of this Chapter.

(2) **Personnel.**

(A) **Trauma service director.** The medical staff ~~shall designate~~ designates a surgeon as trauma service director. The trauma service director's responsibilities include:

(i) Through the quality improvement process, the director shall have responsibility for all trauma patients and administrative authority for the hospital's trauma program, through the quality improvement process; and

(ii) The director shall be responsible for recommending appointment to appointments and removal removals from the trauma service.

(B) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency ~~medical~~ medical care as emergency services director. The emergency services director may serve as the trauma service director.

(C) **Surgical director.** The medical staff ~~shall designate~~ designates a surgeon credentialed by the hospital to be the director of care for surgical and critical care for trauma patients.

(3) **Supplies and equipment.**

(A) **Emergency department.** The emergency department ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and available in the emergency department, including ~~at least~~ the following:

- (i) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen;
 - (ii) Pulse oximetry;
 - (iii) Suction devices;
 - (iv) Electrocardiograph-oscilloscope-defibrillator-pacer;
 - (v) Apparatus to establish central venous pressure monitoring;
 - (vi) Standard intravenous fluids and administration devices, including large-bore intravenous catheters;
 - (vii) Sterile surgical sets for:
 - (I) Airway control/cricothyrotomy;
 - (II) Thoracotomy;
 - (III) Vascular access; and
 - (IV) Chest decompression.
 - (viii) Equipment for gastric decompression;
 - (ix) Drugs necessary for emergency care;
 - (x) Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(c)(4);
 - (xi) Skeletal traction devices including cervical immobilization device; and
 - (xii) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.
- (B) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
 - (ii) Pulse oximetry;
 - (iii) End-tidal CO2 determination; and
 - (iv) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.
- (C) **Intensive care unit.** The intensive care unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
 - (ii) Cardiopulmonary resuscitation cart;
 - (iii) Electrocardiograph-oscilloscope-defibrillator-pacer;
 - (iv) Sterile surgical sets for:
 - (I) Airway control/cricothyrotomy;
 - (II) Thoracotomy;
 - (III) Vascular access; and
 - (IV) Chest decompression.
- (4) **Policies on transfers.**
- (A) ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility.~~
- (B) ~~The facility shall have a transfer agreement with a hospital capable of providing trauma care for severely injured patients. This agreement shall include reciprocal provisions requiring the facility to accept return transfers of patients at such time as the facility has the capability and capacity to provide needed care. Reciprocal agreements shall not incorporate financial provisions for transfers. The applicable policies on transfers are set forth in (a)(4)(A) and (a)(4)(B) of this Section (relating to agreement and policies on transfers).~~

(5) **Quality Improvement.** In addition to any other quality improvement requirements of this Chapter, the hospital is subject to, the quality improvement program ~~shall~~ must also include the following subjects:

(A) ~~Trauma registry~~ all the quality improvement subjects listed for Level IV classification set forth in (a)(5) of this Section;

(B) ~~Audit for all trauma deaths to include prehospital care and care received at a transferring facility;~~

(C) ~~Morbidity and mortality review;~~

(D) ~~Medical nursing audit, utilization review, tissue review;~~

(E) ~~Multidisciplinary peer review of trauma and emergency services;~~

(F) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons; and

(G)(C) Review of the times and reasons for trauma-related bypass; and

(H) ~~The availability and response times of on call staff specialists shall be defined in writing, documented, and continuously monitored.~~

(6) **Continuing education.** The hospital ~~shall provide~~ provides and ~~document~~ documents formal continuing education programs for physicians, nurses, and allied health personnel.

(7) **Organ Procurement.** The hospital, in association with an organ procurement organization certified by the CMS, ~~shall develop~~ has policies and procedures to identify and refer potential organ donors.

(c) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency medical services with an organized trauma service and emergency department. A physician and nursing staff with special capability in trauma care ~~shall be~~ is on site ~~twenty four (24)~~ 24 hours a day. General surgery, anesthesiology, and neurosurgery services ~~shall be~~ are available on site or on call ~~twenty four (24)~~ 24 hours a day. Services from an extensive group of clinical specialties including cardiology, internal medicine, orthopedics, and obstetrics/gynecology ~~shall be~~ are promptly available on call. A hospital ~~shall~~ must be classified at Level II for trauma and emergency operative services if it ~~meets the following requirements~~ complies with all of this subsection (c):

(1) **Clinical services and resources.**

(A) **Trauma service.** ~~A trauma service shall be established by the medical staff and shall be responsible for coordinating the care of injured patients, the training of personnel, and trauma quality improvement. Privileges for physicians participating in the trauma service will be determined by the medical staff credentialing process. All patients with multiple system or major injury shall be evaluated by the trauma service. The surgeon responsible for the overall care of the admitted patient shall be identified. A Level II hospital is subject to the same trauma service requirements as a Level III hospital set forth in (b)(1)(A) of this Section.~~

(B) **Emergency services.** A physician ~~deemed~~ competent in the care of the critically injured and credentialed by the hospital to provide emergency medical services; and nursing personnel with special capability in trauma care ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day. ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(C) **General surgery.** A general surgeon or senior surgical resident ~~deemed~~ competent and appropriately credentialed by the hospital ~~shall be~~ is on site or on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department. ~~A stated goal of the general surgery service shall be to have the attending trauma surgeon authorized and designated by the trauma service director present in the emergency room at the time of the severely injured patient's arrival. For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(D) **Anesthesia.** A board certified, board eligible, or residency trained anesthesiologist ~~shall be~~ is on site or on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department. If the anesthesiologist is not present in the ~~facility, prior to~~ hospital, before the physician's arrival, anesthesia services may be provided by a certified registered nurse anesthetist

(CRNA). The CRNA ~~shall must~~ be ~~deemed~~ competent in the assessment of emergent situations in trauma patients and of initiating and providing any indicated treatment. All anesthesia ~~shall be is~~ administered ~~as required~~ in accordance with OAC 310:667-25-2.

(E) **Neurologic surgery.** A board certified, board eligible, or residency trained neurosurgeon or other physician ~~deemed~~ competent in the care of patients with neurotrauma and appropriately credentialed ~~shall be is~~ on site or on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department. If care is initiated by a physician other than a neurosurgeon, the neurosurgeon on call ~~shall will~~ respond as required by the hospital's policy.

(F) **Other specialties.** The hospital ~~shall also have~~ has services from the following specialties on call and promptly available:

- (i) Cardiac surgery;
- (ii) Cardiology;
- (iii) Internal medicine;
- (iv) Obstetric/gynecologic surgery;
- (v) Ophthalmic surgery;
- (vi) Oral/maxillofacial surgery;
- (vii) Orthopedic surgery;
- (viii) Otolaryngology;
- (ix) Pediatrics;
- (x) Plastic surgery;
- (xi) Clinical licensed psychologist or psychiatrist;
- (xii) Pulmonary medicine;
- (xiii) Radiology;
- (xiv) Thoracic surgery; and
- (xv) Urology and urologic surgery.

(G) **Operating suite.** An operating suite with adequate staff and equipment ~~shall be is~~ immediately available ~~twenty four (24)~~ 24 hours a day. The hospital ~~shall define and document in writing~~ has written policies defining the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff ~~shall be is~~ maintained.

(H) **Post-anesthesia recovery unit.** ~~The hospital shall have a post-anesthesia recovery room or intensive care unit in compliance with OAC 310:667-15-7 with nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post-anesthesia care. A level II hospital is subject to the same post-anesthesia recovery unit requirements as a Level III hospital set forth in (b)(1)(H) of this Section.~~

(I) **Intensive care unit.** ~~The hospital shall have an~~ hospital's intensive care unit ~~in compliance includes:~~

- (i) Compliance with OAC 310:667-15-7 with a;
- (ii) A registered nurse on duty in the intensive care unit ~~whenever the unit~~ when it has a ~~patient(s)- patient;~~
- (iii) A registered nurse on call when the unit does not have a patient;
- (iv) A physician with privileges in critical care on duty in the unit or immediately available 24 hours a day; and
- (v) ~~The hospital shall define and document in writing~~ Written policies defining the minimum staffing requirements for the intensive care unit, ~~and shall continuously monitor compliance with these~~ These staffing requirements are monitored through the quality improvement program. ~~A registered nurse shall be on call and immediately available when no patients are in the unit. A physician with privileges in critical care shall be on duty in the unit or immediately available in the hospital twenty four (24) hours a day.~~

(J) **Diagnostic Imaging.** The hospital ~~shall have~~ hospital's diagnostic x-ray services are available ~~twenty four (24)~~ 24 hours a day. A radiologic technologist and computerized tomography technologist ~~shall be are~~ on duty or on call and immediately available ~~twenty four~~

~~(24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service ~~shall provide at least~~ provides the following services:

- (i) Angiography;
- (ii) Ultrasonography;
- (iii) Computed tomography;
- (iv) Magnetic resonance imaging;
- (v) Neuroradiology; and
- (vi) Nuclear medicine imaging.
- ~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(K) **Clinical laboratory service.** ~~The hospital shall have clinical laboratory services available twenty four (24) hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis twenty four (24) hours a day. At least the following shall be available:~~

- ~~(i) Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank;~~
- ~~(ii) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;~~
- ~~(iii) Coagulation studies;~~
- ~~(iv) Blood gas/pH analysis;~~
- ~~(v) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~
- ~~(vi) Drug and alcohol screening.~~
- ~~(vii) For a hospital licensed as general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level II hospital is subject to the same clinical laboratory service requirements as a Level III hospital set forth in (b)(1)(K) in this Section.~~

(L) **Respiratory therapy.** ~~Routine respiratory therapy procedures and mechanical ventilators shall be are available twenty four (24) 24 hours a day. Respiratory therapy services shall comply are in accordance with OAC 310:667-23-6.~~

(M) **Social services.** ~~Social services shall be are available and provided as required in accordance with Subchapter 31 of this Chapter.~~

(N) **Burn Care.** ~~If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(O)(i) it shall have a transfer agreement with a hospital capable of providing burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient. A Level II hospital is subject to the same burn care requirements as a Level III hospital set forth in (b)(1)(M) of this Section.~~

(O) **Spinal cord and head injury management.** ~~The hospital shall provide acute spinal cord and head injury management including at least the ability to initiate rehabilitative care prior to transfer and shall have a transfer agreement with a hospital that meets the requirements at OAC 310:667-59-9(d)(1)(P)(i) if comprehensive rehabilitation services are not available within the facility. The hospital provides acute spinal cord and head injury management including at least the ability to initiate rehabilitative care prior to transfer and has a written transfer agreement with a hospital that provides comprehensive rehabilitation services.~~

~~(P) **Rehabilitation services.** If the hospital does not meet the requirements at OAC 310:667-59-9(4)(1)(Q)(i) it shall have a transfer agreement with a hospital which meets the requirements of Subchapter 35 of this Chapter and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient. A Level II hospital is subject to the same rehabilitation services requirements as a Level III hospital set forth in (b)(1)(O) of this Section.~~

(2) **Personnel.**

~~(A) **Trauma service director.** The medical staff shall designate a surgeon as trauma service director. Through the quality improvement process, the director shall have responsibility for all trauma patients and administrative authority for the hospital's trauma program. The trauma service director shall be responsible for recommending appointment to and removal from the trauma service. A Level II hospital is subject to the same trauma service director requirements as a Level III hospital set forth in (b)(2)(A) of this Section.~~

(B) **Trauma coordinator.** The hospital ~~shall have~~ has a designated trauma coordinator who may also serve as the prevention coordinator. Under the supervision of the trauma service director, the trauma coordinator is responsible for organizing the services and systems of the trauma service to ensure there is a multidisciplinary approach throughout the continuum of trauma care. ~~The trauma coordinator shall have an active role in the following~~ coordinator's responsibilities include:

- (i) Clinical activities such as design of clinical protocols, monitoring care, and assisting the staff in problem solving;
- (ii) Educational activities such as professional staff development, case reviews, continuing education, and community trauma education and prevention programs;
- (iii) Quality improvement activities such as development of quality monitors, audits, and case reviews in all phases of trauma care;
- (iv) Administrative tasks for the trauma service such as those related to services' organization, personnel, budget preparation, and accountability;
- (v) Trauma registry data collection, coding, scoring, and validation; and
- (vi) Consultation and liaison to the medical staff, prehospital emergency medical service agencies, patient families, and the community at large.

(C) **Prevention coordinator.** The hospital ~~shall have~~ has a designated prevention coordinator who may also serve as the trauma coordinator. Under the supervision of the trauma director, the prevention coordinator is responsible for the organization and management of the hospital's outreach, prevention, and public education activities.

(D) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

~~(E) **Surgical director.** The medical staff shall designate a surgeon credentialed by the hospital to be the director of care for surgical and critical care for trauma patients. A Level II hospital is subject to the same surgical director requirements as a Level III hospital set forth in (b)(2)(C) of this Section.~~

(3) **Supplies and equipment.**

(A) **Emergency department.** The emergency department ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and available in the emergency department, including at least the following:

- ~~(i) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag mask resuscitator, pocket masks, and oxygen~~ All the emergency department equipment listed for Level III classification set forth in (b)(3)(A) of this Section;
- (ii) Pulse oximetry;
- ~~(iii) End-tidal CO2 determination; and~~
- ~~(iv) Suction devices;~~
- ~~(v) Electrocardiograph oscilloscope defibrillator pacer;~~

- ~~(vi) Apparatus to establish central venous pressure monitoring;~~
 - ~~(vii) Standard intravenous fluids and administration devices, including large bore intravenous catheters;~~
 - ~~(viii) Sterile surgical sets for:

 - ~~(I) Airway control/criothyrotomy;~~
 - ~~(II) Thoracotomy;~~
 - ~~(III) Vascular access; and~~
 - ~~(IV) Chest decompression.~~~~
 - ~~(ix) Equipment for gastric decompression;~~
 - ~~(x) Drugs necessary for emergency care;~~
 - ~~(xi) Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(c)(4);~~
 - ~~(xii) Skeletal traction devices including cervical immobilization device;~~
 - ~~(xiii)(iii) Arterial catheters; and~~
 - ~~(xiv) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.~~
- (B) **Operating suite.** The operating suite ~~shall have~~ has the following supplies and equipment on site, functional and available for use:
- (i) Thermal control equipment for patients and infusion of blood, blood products, and other fluids;
 - (ii) X-ray capability including c-arm intensifier;
 - (iii) Endoscopes;
 - (iv) Craniotomy instruments; and
 - (v) Equipment appropriate for fixation of long-bone and pelvic fractures.
- (C) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
- ~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange~~ All the post-anesthesia recovery unit supplies and equipment listed for a Level III classification set forth in (b)(3)(B) of this Section; and
 - (ii) Equipment for the continuous monitoring of intracranial pressure;
 - ~~(iii) Pulse oximetry;~~
 - ~~(iv) End-tidal CO₂ determination; and~~
 - ~~(v) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.~~
- (D) **Intensive care unit.** The intensive care unit ~~shall have~~ the following supplies and equipment on site, functional, and available for use:
- ~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;~~
 - ~~(ii) Cardiopulmonary resuscitation cart;~~
 - ~~(iii) Electrocardiograph oscilloscope defibrillator pacer;~~
 - ~~(iv) Sterile surgical sets for:

 - ~~(I) Airway control/criothyrotomy;~~
 - ~~(II) Thoracotomy;~~
 - ~~(III) Vascular access; and~~
 - ~~(IV) Chest decompression.~~~~ A Level II hospital is subject to the same intensive care unit requirements as a Level III hospital set forth in (b)(3)(C) of this Section.
- (4) **Policies on transfers.** The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another ~~facility~~ hospital.
- (5) **Quality Improvement.** The hospital ~~shall establish~~ has a multidisciplinary trauma committee composed of the trauma service director, emergency services director, trauma coordinator, and other

members of the medical and nursing staff that treat trauma and emergency operative patients. The trauma committee ~~shall meet~~ meets regularly to review and evaluate patient outcomes and the quality of care provided by the trauma service. In addition to any other requirements of this Chapter, the hospital quality improvement program ~~shall~~ must also include:

- (A) Trauma registry;
- (B) Audit for all trauma deaths to include prehospital care and care received at a transferring facility hospital;
- (C) Morbidity and mortality review;
- (D) Medical nursing audit, utilization review, tissue review;
- (E) Regularly scheduled multidisciplinary trauma and emergency operative services review conferences;
- (F) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons;
- (G) Review of the times and reasons for trauma-related bypass;
- (H) The availability and response times of on call staff specialists ~~shall be~~ is defined in writing, documented, and continuously monitored; and
- (I) Quality improvement staff with time dedicated to and specific for trauma and emergency operative services.

(6) **Continuing education.** The hospital ~~shall provide~~ provides and ~~document~~ documents formal continuing education programs for physicians, nurses, and allied health personnel, ~~and community physicians~~. Continuing education programs ~~shall be~~ are available to all state physicians, nurses, allied health personnel, and emergency medical service providers.

(7) **Organ Procurement.** The hospital, in association with an organ procurement organization certified by CMS, ~~shall develop~~ has policies and procedures to identify and refer potential organ donors.

(8) **Outreach programs.** The hospital ~~shall have~~ has organized outreach programs under the direction of a designated prevention coordinator.

(A) **Consultation.** The hospital ~~shall provide~~ provides on-site and/or electronic consultations with community health care providers and those in outlying areas as requested and appropriate.

(B) **Prevention and public education programs.** The hospital ~~shall serve~~ serves as a public information resource and collaborate with other institutions and national, regional, and state programs in research and data collection projects in epidemiology, surveillance, and injury prevention, and other areas.

(d) **Level I.** A Level ~~one~~ facility ~~shall provide~~ hospital provides emergency medical services with an organized trauma service and emergency department. A physician and nursing staff with special capability in trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. General surgery, anesthesiology, and neurosurgery services ~~shall be~~ are available on site or on call ~~twenty-four (24)~~ 24 hours a day. Additional clinical services and specialties such as nuclear diagnostic imaging, cardiac surgery, hand surgery, and infectious disease specialists ~~shall also be~~ are promptly available. A Level I ~~facility shall also have~~ hospital has an organized trauma research program with a designated director. A hospital must be classified as Level I for trauma and emergency operative services if it complies with all of this subsection (d):

(1) **Clinical services and resources.**

(A) **Trauma service.** A trauma service shall be established by the medical staff and shall be responsible for coordinating the care of injured patients, the training of personnel, and trauma quality improvement. Privileges for physicians participating in the trauma service will be determined by the medical staff credentialing process. All patients with multiple system or major injury shall be evaluated by the trauma service. The surgeon responsible for the overall care of the admitted patient shall be identified. A level I hospital is subject to the same trauma service requirements as a Level III hospital set forth in (b)(1)(A) of this Section.

(B) **Emergency services.** A physician deemed competent in the care of the critically injured and credentialed by the hospital to provide emergency medical services and nursing personnel

~~with special capability in trauma care shall be on site twenty four (24) hours a day. For a hospital licensed as a general medical surgical hospital or a specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2. A Level I hospital is subject to the same emergency services requirement as a Level II hospital set forth in (c)(1)(B) of this Section.~~

(C) **General surgery.** ~~A general surgeon or senior surgical resident deemed competent and appropriately credentialed by the hospital shall be on site or on call twenty four (24) hours a day and promptly available in the emergency department. A stated goal of the general surgery service shall be to have the attending trauma surgeon authorized and designated by the trauma service director present in the emergency room at the time of the severely injured patient's arrival. For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2. A Level I hospital is subject to the same general surgery requirements as a Level II hospital set forth in (c)(1)(C) of this Section.~~

(D) **Anesthesia.** ~~A board certified, board eligible, or residency trained anesthesiologist shall be is on site or on call twenty four (24) 24 hours a day and promptly available. All anesthesia shall be administered as required is in accordance with OAC 310:667-25-2.~~

(E) **Neurologic surgery.** ~~A board certified, board eligible, or residency trained neurosurgeon or other physician deemed competent in the care of patients with neurotrauma and appropriately credentialed shall be on site twenty four (24) hours a day and promptly available in the emergency department. If care is initiated by a physician other than a neurosurgeon, the neurosurgeon on call shall respond as required by the hospital's policy. A Level I hospital is subject to the same neurologic surgery requirement as a Level II hospital set forth in (c)(1)(E) of this Section.~~

(F) **Other specialties.** ~~The hospital shall also have has the following specialty services from the following specialties on call and promptly available:~~

- ~~(i) Cardiac surgery~~ All the specialty services listed for a Level II classification set forth in (c)(1)(F) of this Section;
- (ii) Cardiology;
- (iii) Hand surgery;
- ~~(iv)~~(iii) Infectious disease;
- ~~(v) Internal medicine;~~
- ~~(vi)~~(iv) Microvascular surgery; and
- ~~(vii) Obstetric/gynecologic surgery;~~
- ~~(viii) Ophthalmic surgery;~~
- ~~(ix) Oral/maxillofacial surgery;~~
- ~~(x) Orthopedic surgery;~~
- ~~(xi) Otolaryngology;~~
- ~~(xii)~~(v) Pediatric surgery;
- ~~(xiii) Pediatrics;~~
- ~~(xiv) Plastic surgery;~~
- ~~(xv) Clinical licensed psychologist or psychiatrist;~~
- ~~(xvi) Pulmonary medicine;~~
- ~~(xvii) Radiology;~~
- ~~(xviii) Thoracic surgery; and~~
- ~~(xvix) Urology and urologic surgery.~~

(G) **Operating suite.** ~~An operating suite with adequate staff and equipment shall be immediately available twenty four (24) hours a day. The hospital shall define and document in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff shall be maintained. A Level I hospital is subject to the same operating suite requirements as a Level II hospital set forth in (c)(1)(G) of this Section].~~

(H) **Post-anesthesia recovery unit.** The hospital shall have a post-anesthesia recovery room or intensive care unit in compliance with OAC 310:667-15-7 with nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post-anesthesia care. A Level I hospital is subject to the same post-anesthesia recovery unit requirements as a Level III hospital set forth in (b)(1)(H) of this Section.

(I) **Intensive care unit.** The hospital shall have an intensive care unit in compliance with OAC 310:667-15-7 with a registered nurse on duty in the intensive care unit whenever the unit has a patient(s). The hospital shall define and document in writing the minimum staffing requirements for the intensive care unit and shall continuously monitor compliance with these requirements through the quality improvement program. A registered nurse shall be on call and immediately available when no patients are in the unit. A physician with privileges in critical care shall be on duty in the unit or immediately available in the hospital twenty-four (24) hours a day. A Level I hospital is subject to the same intensive care unit requirements as a Level II hospital set forth in (c)(1)(I) of this Section.

(J) **Diagnostic Imaging.** The hospital shall have diagnostic x-ray services available twenty-four (24) hours a day. A radiologic technologist and computerized tomography technologist shall be on duty or on call and immediately available twenty-four (24) hours a day. A single technologist designated as qualified in both diagnostic x-ray and computerized tomography procedures by the radiologist may be used to meet this requirement if an on-call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service shall provide at least the following services:

- (i) ~~Angiography;~~
- (ii) ~~Ultrasonography;~~
- (iii) ~~Computed tomography;~~
- (iv) ~~Magnetic resonance imaging;~~
- (v) ~~Neuroradiology; and~~
- (vi) ~~Nuclear medicine imaging.~~
- (vii) ~~For a hospital licensed as a general medical-surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same diagnostic imaging requirements as a Level II hospital set forth in (c)(1)(J) of this Section.~~

(K) **Clinical laboratory service.** The hospital shall have clinical laboratory services available twenty-four (24) hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis twenty-four (24) hours a day. At least the following shall be available:

- (i) ~~Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank;~~
- (ii) ~~Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;~~
- (iii) ~~Coagulation studies;~~
- (iv) ~~Blood gas/pH analysis;~~
- (v) ~~Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~
- (vi) ~~Drug and alcohol screening.~~
- (vii) ~~For a hospital licensed as a general medical-surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same clinical laboratory service requirements as a Level III hospital set forth in (b)(1)(K) of this Section.~~

(L) **Respiratory therapy.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be~~ are available ~~twenty-four (24)~~ 24 hours a day. Respiratory therapy services ~~shall comply~~ are in compliance with OAC 310:667-23-6.

(M) **Acute hemodialysis.** The hospital ~~shall have~~ has the capability to provide acute hemodialysis services ~~twenty-four (24)~~ 24 hours a day. All staff providing hemodialysis patient care ~~shall have~~ documented hemodialysis training and experience.

(N) **Social services.** Social services ~~shall be~~ are available and provided as required in accordance with Subchapter 31 of this Chapter.

(O) **Burn Care.**

~~(i) The hospital shall provide burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient; or~~

~~(ii) If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(O)(i), it shall have a transfer agreement with a hospital capable of providing burn care in a physician-directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient. A Level I hospital is subject to the same burn care requirements as a Level III hospital set forth in (b)(1)(M) of this Section.~~

(P) **Spinal cord and head injury management.** ~~The hospital shall provide acute spinal cord and head injury management including at least the ability to initiate rehabilitative care prior to transfer and shall have a transfer agreement with a hospital that meets the requirements at OAC 310:667-59-9(d)(1)(P)(i) if comprehensive rehabilitation services are not available within the facility. A Level I hospital is subject to the same spinal cord and head injury management requirements as a Level II hospital set forth (c)(1)(O) of this Section.~~

(Q) **Rehabilitation services.**

~~(i) The hospital shall provide rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient; or~~

~~(ii) If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(Q)(i) it shall have a transfer agreement with a hospital which meets the requirements of Subchapter 35 of this Chapter and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient. A Level I hospital is subject to the same rehabilitation services requirements as a Level III hospital set forth in (b)(1)(O) of this Section.~~

(2) **Personnel.**

(A) **Trauma service director.** ~~The medical staff shall designate a surgeon as trauma service director. Through the quality improvement process, the director shall have responsibility for all trauma patients and administrative authority for the hospital's trauma program. The trauma service director shall be responsible for recommending appointment to and removal from the trauma service. A Level I hospital is subject to the same trauma service director requirements as a Level III hospital set forth in (b)(2)(A) of this Section.~~

(B) **Trauma coordinator.** ~~The hospital shall have a designated trauma coordinator who may also serve as the prevention coordinator. Under the supervision of the trauma service director, the trauma coordinator is responsible for organizing the services and systems of the trauma service to ensure there is a multidisciplinary approach throughout the continuum of trauma care. The trauma coordinator shall have an active role in the following:~~

~~(i) Clinical activities such as design of clinical protocols, monitoring care, and assisting the staff in problem solving;~~

~~(ii) Educational activities such as professional staff development, case reviews, continuing education, and community trauma education and prevention programs;~~

~~(iii) Quality improvement activities such as development of quality monitors, audits, and case reviews in all phases of trauma care;~~

- ~~(iv) Administrative tasks for the trauma service such as those related to services' organization, personnel, budget preparation, and accountability;~~
- ~~(v) Trauma registry data collection, coding, scoring, and validation; and~~
- ~~(vi) Consultation and liaison to the medical staff, prehospital emergency medical service agencies, patient families, and the community at large. A Level I hospital is subject to the same trauma coordinator requirements as a Level II hospital as set forth in (c)(2)(B) of this Section.~~

~~(C) **Prevention coordinator.** The hospital shall have a designated prevention coordinator who may also serve as the trauma coordinator. Under the supervision of the trauma director, the prevention coordinator is responsible for the organization and management of the hospital's outreach, prevention, and public education activities. A Level I hospital is subject to the same prevention coordinator requirements as a Level II hospital set forth in (c)(2)(C) of this Section.~~

~~(D) **Emergency services director.** The medical staff shall designate a physician credentialed to provide emergency medical care as emergency services director. A Level I hospital is subject to the same prevention emergency services director requirements as a Level II hospital set forth in (c)(2)(D) of this Section.~~

~~(E) **Surgical director.** The medical staff shall designate a surgeon credentialed by the hospital to be the director of care for surgical and critical care for trauma patients. A Level I hospital is subject to the same surgical director requirements as a Level III hospital set forth in (b)(2)(C) of this Section.~~

~~(F) **Research director.** The medical staff shall designate designates a physician as research director who may also serve as the trauma service director. The research director is responsible for the organization and management of the hospital's trauma and emergency operative research activities.~~

(3) Supplies and equipment.

~~(A) **Emergency department.** The emergency department ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and available in the emergency department, including ~~at least~~ the following:~~

- ~~(i) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen all the emergency department equipment listed for Level III classification set forth in (b)(3)(A) of this Section;~~
- ~~(ii) Pulse oximetry;~~
- ~~(iii) End-tidal CO2 determination; and~~
- ~~(iv) Suction devices;~~
- ~~(v) Electrocardiograph oscilloscope defibrillator pacer;~~
- ~~(vi) Apparatus to establish central venous pressure monitoring;~~
- ~~(vii) Standard intravenous fluids and administration devices, including large bore intravenous catheters;~~
- ~~(viii) Sterile surgical sets for:~~
 - ~~(I) Airway control/cricothyrotomy;~~
 - ~~(II) Thoracotomy;~~
 - ~~(III) Vascular access; and~~
 - ~~(IV) Chest decompression.~~
- ~~(ix) Equipment for gastric decompression;~~
- ~~(x) Drugs necessary for emergency care;~~
- ~~(xi) Two way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(e)(4);~~
- ~~(xii) Skeletal traction devices including cervical immobilization device;~~
- ~~(xiii) (iii) Arterial catheters; and~~
- ~~(xiv) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.~~

(B) **Operating suite.** The operating suite ~~shall have~~ has the following supplies and equipment on site, functional and available for use:

~~(i) All the operating suite supplies and equipment listed for Level II classification set forth in (c)(3)(B) of this Section;~~

~~(i)(ii) Cardiopulmonary bypass capability; and~~

~~(ii)(iii) Operating microscope;~~

~~(iii) Thermal control equipment for patients and infusion of blood, blood products, and other fluids;~~

~~(iv) X ray capability including c-arm intensifier;~~

~~(v) Endoscopes;~~

~~(vi) Craniotomy instruments; and~~

~~(vii) Equipment appropriate for fixation of long bone and pelvic fractures.~~

(C) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:

~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange~~ All post-anesthesia recovery unit supplies and equipment listed for a Level III classification set forth in (b)(3)(B) of this Section; and

~~(ii) Equipment for the continuous monitoring of intracranial pressure;~~

~~(iii) Pulse oximetry;~~

~~(iv) End-tidal CO₂ determination; and~~

~~(v) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.~~

(D) **Intensive care unit.** The intensive care unit shall have the following supplies and equipment on site, functional, and available for use:

~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;~~

~~(ii) Cardiopulmonary resuscitation cart;~~

~~(iii) Electrocardiograph oscilloscope defibrillator pacer;~~

~~(iv) Sterile surgical sets for:~~

~~(I) Airway control/cricothyrotomy;~~

~~(II) Thoracotomy;~~

~~(III) Vascular access; and~~

~~(IV) Chest decompression. A Level I hospital is subject to the same intensive care unit requirement as a Level III hospital set forth in (b)(3)(C) of this Section.~~

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. A Level I hospital is subject to the same policies on transfers requirement as a Level II hospital set forth in (c)(4) of this Section.~~

(5) **Quality Improvement.** ~~The hospital shall establish a multidisciplinary trauma committee composed of the trauma service director, emergency services director, trauma coordinator, and other members of the medical and nursing staff that treat trauma and emergency operative patients. The trauma committee shall meet regularly to review and evaluate patient outcomes and the quality of care provided by the trauma service. In addition to any other requirements of this Chapter, the hospital quality improvement program shall include:~~

~~(A) Trauma registry;~~

~~(B) Audit for all trauma deaths to include prehospital care and care received at a transferring facility;~~

~~(C) Morbidity and mortality review;~~

~~(D) Medical nursing audit, utilization review, tissue review;~~

~~(E) Regularly scheduled multidisciplinary trauma and emergency operative services review conference;~~

~~(F) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons;~~

~~(G) Review of the times and reasons for trauma related bypass; and~~

~~(H) The availability and response times of on call staff specialists shall be defined in writing, documented, and continuously monitored.~~

~~(I) Quality improvement staff with time dedicated to and specific for trauma and emergency operative services. A Level I hospital is subject to the same quality improvement requirements as a Level II hospital set forth in (c)(5) of this Section.~~

(6) **Continuing education.** ~~The hospital shall provide and document formal continuing education programs for physicians, nurses, allied health personnel, and community physicians. Continuing education programs shall be available to all state physicians, nurses, allied health personnel, and emergency medical service providers. A Level I hospital is subject to the same continuing education requirement as a Level II hospital set forth in (c)(6) of this Section.~~

(7) **Organ Procurement.** The hospital, in association with an organ procurement organization certified by CMS, shall develop policies and procedures to identify and refer potential organ donors. A Level I hospital is subject to the same organ procurement requirements as a Level II hospital set forth (c)(7) of this Section.

(8) **Outreach programs.** ~~The hospital shall have organized outreach programs under the direction of a designated prevention coordinator.~~

~~(A) **Consultation.** The hospital shall provide on site and/or electronic consultations with community health care providers and those in outlying areas as requested and appropriate.~~

~~(B) **Prevention and public education programs.** The hospital shall serve as a public information resource and collaborate with other institutions and national, regional, and state programs in research and data collection projects in epidemiology, surveillance, and injury prevention, and other areas. A Level I hospital is subject to the same outreach programs requirements as a Level II hospital set forth in (c)(8) of this Section.~~

(9) **Research programs.** ~~The hospital shall have~~ has an organized trauma and emergency operative services research program under the direction of a designated research director. Research groups ~~shall will~~ meet regularly and all research proposals ~~shall be~~ are approved by an Institutional Review Board (IRB) ~~prior to launch~~ before the program is launched. The research director ~~shall will~~ maintain evidence of the productivity of the research program through documentation of presentations and copies of published articles.

310:667-59-11. Classification of emergency cardiology services

(a) **Level III.** ~~A Level III facility shall provide~~ hospital provides Advanced Cardiac Life Support (ACLS) services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or intermediate or paramedic level emergency medical technician on site ~~twenty four (24)~~ 24 hours a day. A hospital ~~shall must~~ be classified at Level III for emergency cardiology services if it ~~meets the following requirements~~ provides ACLS and complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Electrocardiogram.** The hospital ~~shall have the~~ has immediate availability of a 12-lead electrocardiogram.

(B) **Thrombolytic therapy.** Thrombolytic medications ~~shall be~~ are immediately available in the emergency room to provide reperfusion therapy when appropriate. No other diagnostic, surgical, or medical specialty services are required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ Intermediate, Advanced Medical Technician (AEMT), or paramedic level emergency medical technician shall be as defined in OAC 310:641-1-7, is on site ~~twenty four (24)~~ 24 hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic level emergency medical technician, then at least one of the practitioners on duty ~~shall~~

~~have~~ has received training in advanced life support techniques and ~~be deemed~~ is competent to initiate treatment of the emergency patient.

(A) ~~If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

(B) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

(C) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

(D) ~~If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-9(a)(3), the hospital shall~~ have the following equipment and supplies on site, functional, and immediately available:

(A) Oxygen and oxygen delivery equipment;

(B) Equipment to perform a 12-lead electrocardiogram (ECG) with ECG monitor and printout;

(C) Equipment for the electronic or facsimile transmission of ECG readings to an expert for interpretation;

(D) Transcutaneous pacing capability; and

(E) ACLS medications including at least:

(i) Aspirin;

(ii) Antianginal agents such as sublingual nitroglycerin;

(iii) Medications to provide adequate analgesia such as morphine and meperidine;

(iv) Sympathomimetics such as epinephrine, norepinephrine, dopamine, etc;

(v) Sympatholytics such as β -adrenoceptor blocking agents;

(vi) Angiotensin converting enzyme (ACE) inhibitors;

(vii) Antidysrhythmics including:

(I) Rhythm control agents such as lidocaine, procainamide, bretylium tosylate and magnesium sulfate; and

(II) Rate control agents such as atropine, adenosine, verapamil, and digitalis.

(viii) Diuretics such as furosemide; and

(ix) Antihypertensives such as sodium nitroprusside.

(4) **Agreements and policies on transfers.**

(A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.

(B) The ~~facility shall have~~ hospital has a written agreement with a hospital, or board certified, board eligible, or residency trained cardiologist, or group of cardiologists to provide immediate consultative services for cardiac patients ~~twenty-four (24)~~ 24 hours a day. Such services ~~shall~~ include the immediate interpretation of ECG results and providing instructions for the initiation of appropriate therapy and/or patient transfer.

(b) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff with special capability in cardiac care ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level II for emergency cardiology services if it ~~meets the following requirements~~ complies with all of this subsection

(b):

(1) **Clinical services and resources.**

- (A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent cardiac patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in cardiac care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. Nursing personnel ~~shall also~~ have completed the Advanced Cardiac Life Support Program offered through the American Heart Association or have equivalent training.
- (i) ~~For a hospital licensed as a general medical surgical hospital or a specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~
 - (ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~
- (B) **Thrombolytic therapy.** Thrombolytic medications ~~shall be~~ are immediately available in the emergency room to provide reperfusion therapy when appropriate.
- (C) **Intensive care unit.** The hospital ~~shall have~~ has an intensive care unit and/or cardiac care unit ~~in that includes:~~
- (i) ~~compliance~~ Compliance with OAC 310:667-15-7 ~~with;~~
 - (ii) ~~a~~ A registered nurse on duty in the unit ~~whenever the unit~~ when it has a ~~patient(s).~~ patient;
 - (iii) A registered nurse ~~be~~ is on call ~~an~~ and immediately available when ~~no~~ does not have any patients ~~are in the unit.~~ Nursing; and
 - (iv) Nursing personnel ~~shall~~ have completed the Advanced Cardiac Life Support Program offered through the American Heart Association or have equivalent training.
- (D) **Continuous electrocardiographic monitoring.** The emergency room and intensive/cardiac care unit ~~shall have~~ has the capability to continuously monitor patients electrocardiographically when necessary. While a patient is continuously monitored, there ~~shall be~~ are adequate human surveillance of the monitors ~~twenty-four (24)~~ 24 hours a day by medical, nursing, or paramedical personnel trained and qualified in the ECG recognition of clinically significant cardiac rhythm disturbances.
- (E) **Diagnostic imaging.** The hospital ~~shall have~~ has diagnostic x-ray services available ~~twenty-four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day.
- (i) ~~For a hospital licensed as a general medical surgical hospital or a specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
 - (ii) ~~For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~
- (F) **Clinical laboratory service.** The hospital ~~shall have~~ has clinical hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:
- (i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
 - (ii) Coagulation studies;
 - (iii) Blood gas/pH analysis; and
 - (iv) Rapid determination of cardiac serum markers such as creatine kinase (CK), CK-MB isoform(s), and/or cardiac specific troponins T and I.
 - (v) ~~For a hospital licensed as a general medical surgical hospital or a specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
 - (vi) ~~For a hospital licensed as a critical access hospitals, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(G) **Social services.** Social services ~~shall be~~ are available and provided ~~as required~~ in accordance with Subchapter 31 of this Chapter.

(2) **Personnel.**

(A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(B) **Cardiologist.** A physician board certified, board eligible, or residency trained in cardiovascular diseases ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24)~~ 24 hours a day.

(C) **Training.** Emergency room and intensive care/cardiac care unit nursing personnel ~~shall~~ have completed the Advanced Cardiac Life Support Program offered through the American Heart Association or have equivalent training.

(3) **Supplies and equipment.** In addition to the requirements at OAC 310:667-59-9(a)(3), the hospital ~~shall have~~ has the following equipment and supplies on site, functional, and immediately available:

(A) Oxygen and oxygen delivery equipment including:

- (i) Continuous positive-pressure breathing; and
- (ii) Mechanical ventilation.

(B) Equipment to perform a 12-lead electrocardiogram (ECG) with ECG monitor and printout;

(C) Equipment for the electronic or facsimile transmission of ECG readings to an expert for interpretation;

(D) Pacing equipment including at least:

- (i) Transcutaneous pacing capability; and
- (ii) Transvenous pacing electrodes.

(E) the same ACLS medications ~~including at least:~~

- ~~(i) Aspirin;~~
- ~~(ii) Antianginal agents such as sublingual nitroglycerin;~~
- ~~(iii) Medications to provide adequate analgesia such as morphine and meperidine;~~
- ~~(iv) Sympathomimetics such as epinephrine, norepinephrine, dopamine, etc;~~
- ~~(v) Sympatholytics such as β -adrenoceptor blocking agents;~~
- ~~(vi) Angiotensin converting enzyme (ACE) inhibitors;~~
- ~~(vii) Antidysrhythmies including:~~
 - ~~(I) Rhythm control agents such as lidocaine, procainamide, bretylium tosylate and magnesium sulfate; and~~
 - ~~(II) Rate control agents such as atropine, adenosine, verapamil, and digitalis.~~
- ~~(viii) Diuretics such as furosemide; and~~
- ~~(ix) Antihypertensives such as sodium nitroprusside that are listed for Level III~~

classification in (a)(3)(E) of this Section.

(4) **Agreements and policies on transfers.**

~~(A) The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility.~~

~~(B) The facility shall have a written agreement with a hospital, or board certified, board eligible, or residency trained cardiologist, or group of cardiologists to provide immediate consultative services for cardiac patients twenty-four (24) hours a day. Such services shall include the immediate interpretation of ECG results and providing instructions for the initiation of appropriate therapy and/or patient transfer. A Level II hospital is subject to the same agreement and policies on transfers requirements as a Level III hospital set forth in (a)(4) of this Section.~~

(c) **Level I.** A Level I facility ~~shall provide~~ hospital provides emergency medical services with organized emergency and cardiology departments. A physician and nursing staff with special capability in cardiac care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The facility ~~shall have~~ hospital has the capability to provide immediate diagnostic angiography and emergency reperfusion therapy by

thrombolysis, primary percutaneous transluminal coronary angioplasty (PTCA), and coronary artery bypass graft (CABG) ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall be~~ must classified at Level I for emergency cardiology services if it ~~meets the following requirements~~ with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** ~~A physician deemed competent in the care of the emergent cardiac patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in cardiac care shall be on site twenty-four (24) hours a day. Nursing personnel shall have completed the Advanced Cardiac Life Support Program (ACLS) offered through the American Heart Association or have equivalent training. For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2. A Level I hospital is subject to the same emergency services requirements as a Level II hospital set forth in (b)(1)(A) of this Section.~~

(B) **Thrombolytic therapy.** Thrombolytic medications ~~shall be~~ are immediately available in the emergency room to provide reperfusion therapy when appropriate.

(C) **Cardiology and cardiovascular surgery.** The facility ~~shall have~~ hospital has an organized cardiology and cardiovascular surgery service with appropriately credentialed physicians experienced in percutaneous and surgical revascularization immediately available ~~twenty-four (24)~~ 24 hours a day. Physician members of the cardiology service ~~shall be~~ are board certified, board eligible, or residency trained in either cardiovascular diseases or ~~be board certified, board eligible, or residency trained in~~ cardiovascular and/or vascular surgery. On call physicians ~~shall will~~ respond as required by the hospital's policy.

(D) **Cardiac catheterization laboratory.** The facility ~~shall have~~ hospital includes a full-service cardiac catheterization laboratory or laboratories capable of providing both diagnostic and therapeutic procedures on the heart and great vessels for a wide variety of cardiovascular diseases. Diagnostic, therapeutic, and electrophysiology laboratories ~~shall be~~ are supervised by physicians with appropriate training and expertise in the procedures performed and who are properly credentialed by the medical staff. When primary ~~PTCA~~ percutaneous transluminal coronary angioplasty (PTCA) is performed, prompt access to emergency ~~CABG~~ coronary artery bypass graft (CABG) surgery ~~shall also be~~ is available.

(E) **Anesthesia.** A board certified, board eligible, or residency trained anesthesiologist ~~shall be~~ is on site or on call ~~twenty-four (24)~~ 24 hours a day and promptly available. All anesthesia ~~shall be~~ administered ~~as required~~ in accordance with OAC 310:667-25-2.

(F) **Operating suite.** An operating suite with adequate staff ~~and~~ equipment shall be, and cardiopulmonary bypass capability is immediately available ~~twenty-four (24)~~ 24 hours a day. The hospital ~~shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff ~~shall be~~ is maintained. ~~The operating suite shall have cardiopulmonary bypass capability.~~

(G) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with~~ and the nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.

(H) **Cardiac care unit.** The hospital ~~shall have a~~ hospital's cardiac care unit ~~in~~ includes:

(i) ~~compliance~~ Compliance with OAC 310:667-15-7 ~~with a~~;

(ii) A registered nurse on duty in the unit ~~whenever the unit~~ when it has a patient(s). The patient;

(iii) A registered nurse is on call and immediately available when the unit does not have a patient;

(iv) The hospital ~~shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the cardiac care unit. ~~A registered nurse shall be on call and immediately available when no patients are in the unit.; and~~

- (v) A physician with privileges in cardiac care or cardiovascular surgery ~~shall be~~ on duty in the unit or immediately available in the hospital ~~twenty-four (24)~~ 24 hours a day.
- (I) **Continuous electrocardiographic monitoring.** The emergency room, cardiac catheterization laboratory(s), and cardiac care unit ~~shall~~ have the capability to continuously monitor patients electrocardiographically ~~when necessary~~. While a patient is continuously monitored, there ~~shall be~~ is adequate human surveillance of the monitors ~~twenty-four (24)~~ 24 hours a day by medical, nursing, or paramedical personnel trained and qualified in the ECG recognition of clinically significant cardiac rhythm disturbances.
- (J) **Diagnostic Imaging.** The hospital ~~shall have~~ has diagnostic x-ray, computed tomography, and ultrasonography services available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist, computerized tomography technologist, and staff designated as qualified to perform ultrasonography ~~shall be~~ are on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist ~~designated as~~ considered qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service ~~shall provide at least~~ provides the following services:
- (i) Angiography;
 - (ii) Ultrasonography including echocardiography;
 - (iii) Computed tomography;
 - (iv) Magnetic resonance imaging; and
 - (v) Nuclear medicine imaging.
 - ~~(vi) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- (K) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services~~ that are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:
- (i) All the clinical laboratory services listed for Level II classification set forth in (b)(1)(F) of this Section];
 - ~~(i)~~ (ii) Comprehensive immunohematology services including blood typing and compatibility testing;
 - (iii) A supply of blood and blood products ~~shall be on hand~~ that is properly stored and adequate to meet expected patient needs. ~~All blood and blood products shall be properly stored. The hospital shall have;~~
 - (iv) ~~access~~ Access to services provided by a community central blood bank; and
 - ~~(ii)~~ (ii) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
 - ~~(iii)~~ (iii) Coagulation studies;
 - ~~(iv)~~ (iv) Blood gas/pH analysis;
 - (v) Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; ~~and~~
 - ~~(vi)~~ (vi) Rapid determination of cardiac serum markers such as creatine kinase (CK), CK-MB isoform(s), and/or cardiac specific troponins T and I.
 - ~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(L) **Respiratory therapy service.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be~~ are available ~~twenty-four (24)~~ 24 hours a day. Respiratory therapy services ~~shall comply~~ are provided in compliance with OAC 310:667-23-6.

(M) **Social services.** Social services ~~shall be~~ are available and provided ~~as required~~ in compliance with Subchapter 31 of this Chapter.

(N) **Cardiac rehabilitation service.**

(i) The hospital ~~shall have~~ has available a formal program for rehabilitation of the cardiac patient.

(ii) An individualized rehabilitation program ~~shall be~~ is designed for each patient, and when appropriate, the program ~~shall will~~ will combine prescriptive exercise training with education about coronary risk factor modification techniques.

(iii) Rehabilitation services ~~shall also comply~~ are provided in compliance with the requirements of Subchapter 35 of this Chapter.

(O) **Post-cardiac event evaluation.** ~~Through the use of exercise or pharmacologic ECG stress testing, exercise stress echocardiography, exercise or stress nuclear perfusion scintigraphy or other procedures as appropriate, the~~

(i) The hospital ~~shall have~~ has the capability of evaluating patients after a cardiac event to:

~~(i)(I)~~ (I) Assess functional capacity and the patient's ability to perform tasks at home and at work;

~~(ii)(II)~~ (II) Evaluate the efficacy of the patient's current medical regimen; and

~~(iii)(III)~~ (III) Risk-stratify the post-MI patient according to the likelihood of a subsequent cardiac event.

(ii) Evaluation techniques include:

(I) Exercise or pharmacologic ECG stress testing;

(II) Exercise stress echocardiography;

(III) Exercise or stress nuclear perfusion scintigraphy; and

(IV) Other procedures as appropriate.

(2) **Personnel.**

(A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(B) **Cardiology services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide medical and/or surgical cardiac care as cardiology services director.

(C) **Physician qualifications.** Physician members of the cardiology service ~~shall be~~ are board certified, board eligible, or residency trained in cardiovascular diseases or be board certified, board eligible, or residency trained in cardiothoracic and/or vascular surgery.

(D) **Training.** Emergency room, intensive care/cardiac care unit, and cardiac catheterization laboratory nursing personnel ~~shall~~ have completed the Advanced Cardiac Life Support Program (ACLS) offered through the American Heart Association or have equivalent training.

(3) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-11(b)(3) in this Section,~~ the hospital ~~shall have~~ has the following equipment, personnel, and supplies on site, functional, and immediately available to:

(A) ~~The hospital shall have the equipment and personnel to~~ monitor the hemodynamic stability of cardiac patients with balloon flotation catheters when appropriate;

(B) ~~The hospital shall have the equipment and personnel to~~ monitor intra-arterial pressure when appropriate; and

(C) ~~The hospital shall have the equipment and personnel to~~ provide intra-aortic balloon counterpulsation therapy when appropriate.

(4) **Policies on transfers.** The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ that may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.

310:667-59-13. Classification of emergency pediatric medicine and trauma services

(a) **Level IV.** A Level IV ~~facility shall provide~~ hospital provides emergency pediatric medicine and trauma services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an Intermediate, Advanced Emergency Medical Technician (AEMT) or paramedic level emergency medical technician, as defined in OAC 310:641-1-7, is on site twenty-four (24) 24~~ hours a day. The hospital shall be is capable of identifying critically ill or injured pediatric patients and providing stabilizing treatment to manage airway, breathing, and circulation prior to patient transfer. A hospital ~~shall must~~ be classified at Level IV for emergency pediatric medicine and trauma services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.** ~~No diagnostic, Diagnostic, surgical, or medical specialty services are not required. The facility shall have~~ hospital has access by telephone or other electronic means to a regional poison control center.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an AEMT or paramedic level emergency medical technician shall be, as defined in OAC 310:641-1-7, is on site twenty-four (24) 24~~ hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic level emergency medical technician, then at least one of the practitioners on duty ~~shall have has~~ has received training in advanced life support techniques and ~~be deemed is~~ is competent to initiate treatment of the emergency patient.

(A) ~~If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

(B) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

(C) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

(D) ~~If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** The ~~hospital shall have~~ hospital has equipment for use in the resuscitation of pediatric patients on site, functional, and immediately available, including ~~at least~~ the following:

(A) Spine board (child/adult) for cardiopulmonary resuscitation and papoose board for immobilization of infants and toddlers;

(B) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, oxygen, and oxygen delivery equipment. Masks and cannula shall be available in infant, child, and adult sizes;

(C) Pulse oximeter with adult and pediatric probes;

(D) Infant, child, adult, and thigh blood pressure cuffs;

(E) Rectal thermometer probe;

(F) Suction devices suitable for infants, children, and adults;

(G) Electrocardiograph-oscilloscope-defibrillator-pacer with pediatric capability;

(H) ~~Standard intravenous fluids and administration devices suitable for infants, children, and adults including large bore intravenous catheters;~~

(I) ~~Specialized pediatric procedure trays for:~~

(i) ~~Lumbar puncture;~~

(ii) ~~Urinary catheterization;~~

(iii) ~~Umbilical vessel cannulation; and~~

(iv) ~~Airway control/cricothyrotomy;~~

- ~~(v)~~ Vascular access; and
- ~~(vi)~~ Chest decompression.
- ~~(J)~~ Equipment for gastric decompression;
- ~~(K)~~~~(I)~~ Magill forceps (pediatric and adult);
- ~~(L)~~~~(J)~~ Equipment for gastric decompression;
- ~~(M)~~~~(K)~~ Fracture management devices including:
 - (i) Skeletal traction devices including cervical immobilization device suitable for pediatric patients;
 - (ii) Extremity splints; and
 - (iii) Child and adult femur splints.
- ~~(N)~~~~(L)~~ Drugs necessary for pediatric emergency care with printed pediatric doses and pediatric reference materials such as precalculated drug sheets or length-based tape;
- ~~(O)~~~~(M)~~ Infant scale;
- ~~(P)~~~~(N)~~ Thermal control equipment for patients including a heat source or procedure for infant warming; and
- ~~(Q)~~~~(O)~~ Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(c)(4);
- (P) Standard intravenous fluids and administration devices suitable for infants, children, and adults including large-bore intravenous catheters; and
- (Q) Specialized pediatric procedure trays for:
 - (i) Lumbar puncture;
 - (ii) Urinary catheterization;
 - (iii) Umbilical vessel cannulation; and
 - (iv) Airway control/cricothyrotomy;
 - (v) Vascular access; and
 - (vi) Chest decompression.

(4) **Agreements and policies on transfers.**

- (A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.
- (B) The ~~facility shall have~~ hospital has transfer agreements with a hospital capable of providing burn care in a physician-directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient.
- (C) The ~~facility shall have~~ hospital has transfer agreements with a hospital capable of providing acute spinal cord and head injury management and rehabilitation.
- (D) The ~~facility shall have~~ hospital has transfer agreements with a hospital capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient.

(5) **Quality Improvement.** In addition to any other quality improvement requirements the hospital is subject to, the quality improvement program must also include the following subjects:

- (A) ~~For a hospital licensed as a general medical surgical hospital, in addition to the requirements of OAC 310:667-11-1 through OAC 310:667-11-5, the quality improvement programs shall include:~~
 - ~~(i)~~ Trauma registry;
 - ~~(ii)~~~~(B)~~ Audit for all pediatric deaths to include prehospital care and care received at a transferring facility;
 - ~~(iii)~~~~(C)~~ Incident reports related to pediatric patients;
 - ~~(iv)~~~~(D)~~ Pediatric transfers;
 - ~~(v)~~~~(E)~~ Child abuse cases;
 - ~~(vi)~~~~(F)~~ Pediatric cardiopulmonary or respiratory arrests;
 - ~~(vii)~~~~(G)~~ Pediatric admissions within 48 hours of an emergency department visit;

- ~~(viii)~~(H) Pediatric surgery within 48 hours of discharge from an emergency department;
- ~~(ix)~~(I) Morbidity and mortality review;
- ~~(x)~~(J) Medical nursing audit, utilization review, tissue review; and
- ~~(xi)~~(K) The availability and response times of on call staff specialists ~~shall be~~ is defined in writing, documented, and continuously monitored.
- ~~(B)~~ For a hospital licensed as a critical access hospital, in addition to the requirements of OAC 310:667-39-7, the quality improvement programs shall include:
- ~~(i)~~ Trauma registry;
 - ~~(ii)~~ Audit for all pediatric deaths to include prehospital care and care received at a transferring facility;
 - ~~(iii)~~ Incident reports related to pediatric patients;
 - ~~(iv)~~ Pediatric transfers;
 - ~~(v)~~ Child abuse cases;
 - ~~(vi)~~ Pediatric cardiopulmonary or respiratory arrests;
 - ~~(vii)~~ Pediatric admissions within 48 hours of an emergency department visit;
 - ~~(viii)~~ Pediatric surgery within 48 hours of discharge from an emergency department;
 - ~~(ix)~~ Morbidity and mortality review;
 - ~~(x)~~ Medical nursing audit, utilization review, tissue review; and
 - ~~(xi)~~ The availability and response times of on call staff specialists shall be defined in writing, documented, and continuously monitored.
- ~~(C)~~ For a facility licensed as a birthing center, in addition to the requirements of OAC 310:616-5-2, the quality improvement programs shall include:
- ~~(i)~~ Trauma registry;
 - ~~(ii)~~ Audit for all pediatric deaths to include prehospital care and care received at a transferring facility;
 - ~~(iii)~~ Incident reports related to pediatric patients;
 - ~~(iv)~~ Pediatric transfers;
 - ~~(v)~~ Child abuse cases;
 - ~~(vi)~~ Pediatric cardiopulmonary or respiratory arrests;
 - ~~(vii)~~ Pediatric admissions within 48 hours of an emergency department visit;
 - ~~(viii)~~ Pediatric surgery within 48 hours of discharge from an emergency department;
 - ~~(ix)~~ Morbidity and mortality review;
 - ~~(x)~~ Medical nursing audit, utilization review, tissue review; and
 - ~~(xi)~~ The availability and response times of on call staff specialists shall be defined in writing, documented, and continuously monitored.
- (b) **Level III.** A Level III facility ~~shall provide~~ hospital provides emergency pediatric medicine and trauma services with an organized trauma service and emergency department. A physician and nursing staff with special capability in trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. General surgery and anesthesiology services ~~shall be~~ are available either on duty or on call. The hospital ~~shall~~ have ~~has~~ basic facilities for the management of minor pediatric inpatient problems. A hospital ~~shall~~ must be classified at Level III for emergency pediatric medicine and trauma services if it ~~meets the following requirements~~ complies with all of this subsection (b):
- (1) **Clinical services and resources.**
- (A) **Trauma service.** A trauma service ~~shall be~~ is established by the medical staff and ~~shall be~~ responsible for coordinating the care of injured patients, the training of personnel, and trauma quality improvement.
- ~~(i)~~ Privileges for physicians participating in the trauma service ~~shall be~~ are determined by the medical staff credentialing process.
 - ~~(ii)~~ All patients with multiple-system or major injury ~~shall be~~ are evaluated by the trauma service.
 - ~~(iii)~~ The surgeon responsible for the overall care of the admitted patient ~~shall be~~ is identified.

(B) **Emergency services.** A physician ~~deemed~~ competent in the care of the seriously ill or injured patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in trauma care ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day. The emergency service may also serve as the trauma service.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(C) **Poison control center.** ~~The facility shall have~~ hospital has access by telephone or other electronic means to a regional poison control center.

(D) **General surgery.** A board certified, board eligible, or residency trained general surgeon ~~shall be~~ is on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department. ~~For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(E) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty four (24)~~ 24 hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(F) **Internal medicine.** A physician board certified, board eligible, or residency trained in internal medicine ~~shall be~~ is on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department.

(G) **Operating suite.** An operating suite with thermal control equipment for patients and infusion of blood and fluids ~~shall be~~ is available ~~twenty four (24)~~ 24 hours a day.

(H) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with and the~~ nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.

(I) **Intensive care unit.** ~~The hospital shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

(i) Compliance with OAC 310:667-15-7 ~~with a;~~

(ii) A registered nurse on duty in the intensive care unit ~~whenever the unit has a patient(s). A~~ when it has a patient;

(iii) A registered nurse ~~shall be~~ on call and immediately available when ~~no patients are in~~ the unit. ~~The hospital shall define and document in writing~~ does not have a patient; and

(iv) Written policies defining the minimum staffing requirements for the intensive care unit ~~and shall monitor compliance with these. These staffing requirements are monitored~~ through the quality improvement program.

(J) **Diagnostic imaging.** The hospital ~~shall have~~ has diagnostic x-ray services available ~~twenty four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(ii) ~~For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(K) **Clinical laboratory service.** ~~The hospital shall have~~ hospital's clinical laboratory services ~~are~~ available ~~twenty four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:

(i) Comprehensive immunohematology services including blood typing and compatibility testing;

- (ii) A supply of blood and blood products ~~shall be on hand that is properly stored and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access;~~
- (iii) Access to services provided by a community central blood bank;
- ~~(ii)~~(iv) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
- ~~(iii)~~(v) Therapeutic drug monitoring;
- ~~(iv)~~(vi) Coagulation studies;
- ~~(v)~~(vii) Blood gas/pH analysis;
- ~~(vi)~~(viii) Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and
- ~~(vii)~~(ix) Drug and alcohol screening.
- ~~(viii) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- ~~(ix) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~
- (L) **Social services.** Social services ~~shall be~~ are available and provided as required in Subchapter 31 of this Chapter.
- (M) **Burn Care.** ~~If the hospital does not meet the requirements at OAC 310:667-59-13(d)(1)(U)(i) it shall have a transfer agreement with a hospital capable of providing burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient.~~
- (i) The hospital provides burn care in a physician-directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient; or
- (ii) If it is unable to satisfy (i) of this subparagraph, then it must have a written transfer agreement with a hospital that does satisfy (i) of this subparagraph.
- (N) **Spinal cord and head injury management.** ~~If the hospital does not meet the requirements at OAC 310:667-59-9(d)(1)(P)(i) it shall have a transfer agreement with a hospital capable of providing acute spinal cord and head injury management and rehabilitation. The hospital provides acute spinal cord and head injury management and has a written transfer agreement with a hospital that provides comprehensive rehabilitation services.~~
- (O) **Rehabilitation services.** ~~If the hospital does not meet the requirements at OAC 310:667-59-13(d)(1)(W)(i) it shall have a transfer agreement with a hospital which meets the requirements of Subchapter 35 of this Chapter and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient.~~
- (i) The hospital provides rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient; or
- (ii) If it is unable to satisfy (i) of this subparagraph, then it must have a written transfer agreement with a hospital that satisfies (i) of this subparagraph and the requirements of Subchapter 35 of this Chapter.
- (P) **Respiratory therapy.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be~~ are available ~~twenty four (24)~~ 24 hours a day. ~~Respiratory, and the respiratory therapy services shall comply~~ are in compliance with OAC 310:667-23-6.
- (2) **Personnel.**

(A) **Trauma service director.** The medical staff ~~shall designate~~ designates a surgeon as trauma service director. ~~Through the quality improvement process, the director shall have responsibility for~~ The trauma service director's responsibilities include:

(i) ~~all~~ All trauma patients and administrative authority for the hospital's trauma program. ~~The director shall be responsible for recommending appointment to, through the quality improvement process; and~~

(ii) Appointments and removal removals from the trauma service.

(B) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(C) **Surgical director.** The medical staff ~~shall designate~~ designates a surgeon credentialed by the hospital to be the director of care for surgical and critical care for trauma patients.

(D) **Pediatrics.** A physician board certified, board eligible, or residency trained in pediatrics and ~~deemed~~ competent in the care of pediatric emergencies ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four~~ 24 hours a day.

(E) **Orthopedics.** A physician board certified, board eligible, or residency trained in orthopedics and ~~deemed~~ competent in the care of pediatric orthopedic emergencies ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four~~ 24 hours a day.

(3) **Supplies and equipment.**

(A) **Emergency department.** The hospital ~~shall have~~ has equipment for use in the resuscitation of pediatric patients on site, functional, and immediately available, including ~~at least the following:~~

(i) ~~Spine board (child/adult) for cardiopulmonary resuscitation and papoose board for immobilization of infants and toddlers~~ The supplies and equipment listed in (a)(3)(A) through (O) of this Section for Level IV classification;

(ii) ~~Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag mask resuscitator, pocket masks, oxygen, and oxygen delivery equipment. Masks and cannula shall be available in infant, child, and adult sizes;~~

(iii) ~~Pulse oximeter with adult and pediatric probes;~~

(iv) ~~Infant, child, adult, and thigh blood pressure cuffs;~~

(v) ~~Rectal thermometer probe;~~

(vi) ~~Suction devices suitable for infants, children, and adults;~~

(vii) ~~Electrocardiograph oscilloscope defibrillator pacer with pediatric capability;~~

(viii) ~~Apparatus to establish central venous pressure monitoring;~~

(ix) ~~Standard intravenous fluids and administration devices suitable for infants, children, and adults including infusion pumps with microinfusion capability and large-bore intravenous catheters;~~

(x) ~~(iii)~~ Specialized pediatric procedure trays:

(I) Lumbar puncture;

(II) Urinary catheterization;

(III) Umbilical vessel cannulation;

(IV) Airway control/cricothyrotomy;

(V) Thoracotomy;

(VI) Chest decompression.

(VII) Intraosseous infusion;

(VIII) Vascular access; and

(IX) Needle cricothyroidotomy set; and

(xi) ~~Magill forceps (pediatric and adult);~~

(xii) ~~Equipment for gastric decompression;~~

(xiii) ~~Fracture management devices including;~~

~~(I) Skeletal traction devices including cervical immobilization device suitable for pediatric patients;~~

~~(II) Extremity splints; and~~

~~(III) Child and adult femur splints.~~

~~(xiv)(iv) Slit lamp;~~

~~(xv) Drugs necessary for pediatric emergency care with printed pediatric doses and pediatric reference materials such as precalculated drug sheets or length-based tape;~~

~~(xvi) Infant scale;~~

~~(xvii) Thermal control equipment for patients including a heat source or procedure for infant warming; and~~

~~(xviii) Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(c)(4).~~

(4) **Policies on transfers.** The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. [See (a)(4)(A) in this Section (relating to Agreement and policies on transfers)].

(5) **Quality Improvement.** In addition to any other applicable quality improvement requirements of this Chapter, the facility hospital is subject to, quality improvement programs shall must also include a review of the following indicators subjects:

(A) ~~Trauma registry~~ All of the quality improvement subjects listed for Level III classification set forth in (a)(5) of this Section];

~~(B) Audit for all pediatric deaths to include prehospital care and care received at a transferring facility;~~

~~(C) Incident reports related to pediatric patients;~~

~~(D) Pediatric transfers;~~

~~(E) Child abuse cases;~~

~~(F) Pediatric cardiopulmonary or respiratory arrests;~~

~~(G) Pediatric admissions within 48 hours of an emergency department visit;~~

~~(H) Pediatric surgery within 48 hours of discharge from an emergency department;~~

~~(I) Morbidity and mortality review;~~

~~(J) Medical nursing audit, utilization review, tissue review;~~

~~(K) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons; and~~

~~(L)(C) Review of the times and reasons for trauma-related bypass;~~

~~(M) The availability and response times of on call staff specialists shall be defined in writing, documented, and continuously monitored.~~

(c) **Level II.** A Level II facility ~~shall provide~~ hospital provides emergency pediatric medicine and trauma services with organized emergency and pediatrics departments and an organized pediatric trauma service with a designated general or pediatric surgeon as director. A physician and nursing staff with special capability in pediatric emergency and trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. General surgery and anesthesiology services ~~shall be~~ are available on site or on call ~~twenty-four (24)~~ 24 hours a day. Services from additional clinical specialties including pediatrics, neurosurgery, orthopedics, and critical care ~~shall be~~ are promptly available on call. A hospital ~~shall~~ must be classified at Level II for emergency pediatric medicine and trauma services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Pediatric trauma service.** A pediatric trauma service ~~shall be~~ is established by the medical staff and ~~shall be~~ responsible for coordinating the care of injured pediatric patients, the training of personnel, and trauma quality improvement.

(i) Privileges for physicians participating in the pediatric trauma service will be determined by the medical staff credentialing process.

(ii) All pediatric patients with multiple-system or major injury shall be evaluated by the trauma service.

(iii) The surgeon responsible for the overall care of the admitted patient ~~shall~~ must be identified.

(B) **Emergency services.** A physician ~~deemed~~ competent in the care of the seriously ill or injured pediatric patient and credentialed by the hospital to provide pediatric emergency medical services and nursing personnel with special capability in pediatric emergency and trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(C) **Poison control center.** The ~~facility shall have~~ hospital has access by telephone or other electronic means to a regional poison control center.

(D) **Pediatric services.** The hospital ~~shall have~~ has an organized pediatric service with appropriately credentialed physicians experienced in the care of seriously ill or injured pediatric patients immediately available ~~twenty-four (24)~~ 24 hours a day. Physicians ~~shall be~~ are board certified, board eligible, or residency trained in pediatrics. On call physicians ~~shall~~ will respond as required by the hospital's policy.

(E) **General surgery.** A general surgeon or senior surgical resident ~~deemed~~ competent and appropriately credentialed by the hospital ~~shall be~~ is on site or on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. ~~A stated goal of the general surgery service shall be to have the attending trauma surgeon authorized and designated by the trauma service director present in the emergency room at the time of the severely injured patient's arrival. For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(F) **Anesthesia.** ~~An~~ A board certified, board eligible, or residency trained anesthesiologist ~~shall be~~ is on site or on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. If the anesthesiologist is not present in the ~~facility, prior to~~ hospital before the physician's arrival, anesthesia services may be provided by a certified registered nurse anesthetist (CRNA). The CRNA ~~shall be deemed~~ is considered competent in the assessment of emergent situations in trauma patients and of initiating and providing any indicated treatment. All anesthesia ~~shall be~~ is administered ~~as required~~ in accordance with OAC 310:667-25-2.

(G) **Neurologic surgery.** A board certified, board eligible, or residency trained neurosurgeon or other physician ~~deemed~~ competent in the care of pediatric patients with neurotrauma and appropriately credentialed ~~shall be~~ is on site or on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. If care is initiated by a physician other than a neurosurgeon, the neurosurgeon on call ~~shall~~ will respond as required by the hospital's policy.

(H) **Orthopedics.** A physician board certified, board eligible, or residency trained in orthopedics and ~~deemed~~ competent in the care of pediatric orthopedic emergencies shall be on site or on call twenty-four (24) hours a day and promptly available in the emergency department.

(I) **Other specialties.** The hospital ~~shall also have services from~~ has the following ~~specialties~~ specialty services on call and promptly available:

- (i) Cardiac surgery;
- (ii) Cardiology;
- (iii) Neurology;
- (iv) Obstetric/gynecologic surgery;
- (v) Ophthalmic surgery;
- (vi) Oral/maxillofacial surgery;
- (vii) Orthopedic surgery;
- (viii) Otolaryngology;
- (ix) Plastic surgery;
- (x) Pulmonary medicine;

- (xi) Radiology;
 - (xii) Thoracic surgery; and
 - (xiii) Urology and urologic surgery.
- (J) **Operating suite.** An operating suite with adequate staff and equipment ~~shall be is~~ immediately available ~~twenty-four (24)~~ 24 hours a day. The hospital ~~shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff ~~shall be is~~ maintained.
- (K) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with and the~~ nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.
- (L) **Intensive care unit.** The hospital ~~shall have~~ has an intensive care unit and/or pediatric intensive care unit ~~in compliance~~ that includes:
- (i) Compliance with OAC 310:667-15-7 ~~with a~~;
 - (ii) A registered nurse on duty in the unit whenever the unit when it has a patient(s). The hospital shall define and document in writing patient;
 - (iii) A registered nurse on call when the unit does not have a patient;
 - (iv) Written policies defining the minimum staffing requirements for the intensive care unit ~~and shall continuously monitor compliance with these. These staffing requirements are monitored~~ through the quality improvement program. ~~A registered nurse shall be on call and immediately available when no patients are in the unit. Nursing;~~
 - (v) Nursing personnel shall have has completed the Pediatric Advanced Life Support Program (PALS) offered through the American Heart Association or have equivalent training ~~A;~~ and
 - (vi) A physician with privileges in critical care shall be is on duty in the unit or immediately available in the hospital ~~twenty-four (24)~~ 24 hours a day.
- (M) **Diagnostic imaging.** The hospital ~~shall have~~ has diagnostic x-ray services available ~~twenty-four (24)~~ 24 hours a day. A radiology technologist and computerize tomography technologist ~~shall be is~~ on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging ~~service shall provide at least the following services~~ include:
- (i) Angiography;
 - (ii) Ultrasonography;
 - (iii) Computed tomography;
 - (iv) Magnetic resonance imaging;
 - (v) Neuroradiology; and
 - (vi) Nuclear medicine imaging.
 - (vii) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- (N) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services~~ that are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:
- (i) ~~Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have~~

~~access to services provided by a community central blood bank all the clinical laboratory services listed for Level III classification set forth in (b)(1)(K) of this Section; and~~

(ii) ~~Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;~~

(iii) ~~Therapeutic drug monitoring;~~

(iv) ~~Cerebrospinal fluid and other body fluid cell counts;~~

(v) ~~Coagulation studies;~~

(vi) ~~Blood gas/pH analysis;~~

(vii) ~~Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~

(viii) ~~Drug and alcohol screening.~~

(ix) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(O) **Respiratory therapy.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be are~~ available ~~twenty four (24) 24~~ hours a day. Respiratory therapy services ~~shall comply are in accordance~~ with OAC 310:667-23-6.

(P) **Social services.** Social services ~~shall be are~~ available and provided as ~~required in accordance with~~ Subchapter 31 of this Chapter.

(Q) **Burn Care.** ~~If the hospital does not meet the requirements at OAC 310:667-59-13(d)(1)(U)(i) it shall have a transfer agreement with a hospital capable of providing burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient. A Level II hospital is subject to the same burn care requirements as a Level III hospital set forth in (b)(1)(M) of this Section.~~

(R) **Spinal cord and head injury management.** ~~The hospital shall provide acute spinal cord and head injury management including at least the ability to initiate rehabilitative care prior to transfer and shall have a transfer agreement with a hospital that meets the requirements at OAC 310:667-59-9(d)(1)(P)(i) if comprehensive rehabilitation services are not available within the facility. The hospital provides acute spinal cord and head injury management including at least the ability to initiate rehabilitative care prior to transfer and has a written transfer agreement with a hospital that provides comprehensive rehabilitation services.~~

(S) **Rehabilitation services.** ~~If the hospital does not meet the requirements at OAC 310:667-59-13(d)(1)(W)(i) it shall have a transfer agreement with a hospital which meets the requirements of Subchapter 35 of this Chapter and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient. A Level II hospital is subject to the same rehabilitation services requirements as a Level III hospital set forth in (b)(1)(O) of this Section.~~

(T) **Acute hemodialysis.** The hospital ~~shall have~~ has the capability to provide acute hemodialysis services ~~twenty four (24) 24~~ hours a day. All nursing staff providing hemodialysis patient care ~~shall~~ have documented hemodialysis training and experience.

(2) **Personnel.**

(A) **Pediatric trauma service director.** The medical staff ~~shall designate~~ designates a general or pediatric surgeon as trauma service director. The trauma service director's responsibilities include:

(i) Through the quality improvement process, the director shall have responsibility for all trauma patients and administrative authority for the hospital's trauma program, through the quality improvement process; and

(ii) The trauma service director shall be responsible for recommending appointment to appointments and removal removals from the trauma service.

(B) **Pediatric trauma coordinator.** The hospital ~~shall have~~ has a designated trauma coordinator who may also serve as the prevention coordinator. Under the supervision of the trauma service director, the trauma coordinator is responsible for organizing the services and systems of the trauma service to ensure there is a multidisciplinary approach throughout the continuum of trauma care. The trauma coordinator ~~shall have~~ has an active role in the following:

- (i) Clinical activities such as design of clinical protocols, monitoring care, and assisting the staff in problem solving;
- (ii) Educational activities such as professional staff development, case reviews, continuing education, and community trauma education and prevention programs;
- (iii) Quality improvement activities such as development of quality monitors, audits, and case reviews in all phases of trauma care;
- (iv) Administrative tasks for the trauma service such as those related to services' organization, personnel, budget preparation, and accountability;
- (v) Trauma registry data collection, coding, scoring, and validation; and
- (vi) Consultation and liaison to the medical staff, prehospital emergency medical service agencies, patient families, and the community at large.

(C) **Prevention coordinator.** The hospital ~~shall have~~ has a designated prevention coordinator who may also serve as the trauma coordinator. Under the supervision of the trauma director, the prevention coordinator is responsible for the organization and management of the hospital's outreach, prevention, and public education activities.

(D) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(E) **Surgical director.** The medical staff ~~shall designate~~ designates a surgeon credentialed by the hospital to be the director of care for surgical and critical care for trauma patients.

(F) **Pediatric services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide pediatric care as pediatric services director.

(G) **Physician qualifications.** A physician board certified, board eligible, or residency trained in pediatric critical care medicine ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24)~~ 24 hours a day.

(H) **Training.** Emergency room and intensive care personnel ~~shall have~~ completed the Pediatric Advanced Life Support (PALS) program through the American Heart Association or have equivalent training.

(3) **Supplies and equipment.**

(A) **Emergency department.** The hospital ~~shall have~~ has equipment for use in the resuscitation of pediatric patients on site, functional, and immediately available, including at least the following:

- (i) ~~Spine board (child/adult) for cardiopulmonary resuscitation and papoose board for immobilization of infants and toddlers~~ the supplies and equipment listed for Level III classification in (a)(3)(A) through (O) in this Section;
- (ii) ~~Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag mask resuscitator, pocket masks, oxygen, and oxygen delivery equipment. Masks and cannula shall be available in infant, child, and adult sizes;~~
- (iii) ~~(iii)~~ Pulse oximeter with adult and pediatric probes;
- (iv) ~~(iv)~~ End-tidal CO2 determination;
- (v) ~~(v)~~ Infant, child, adult, and thigh blood pressure cuffs;
- (vi) ~~(vi)~~ Rectal thermometer probe;
- (vii) ~~(vii)~~ Suction devices suitable for infants, children, and adults;
- (viii) ~~(viii)~~ Electrocardiograph-oscilloscope-defibrillator-pacer with pediatric capability;
- (ix) ~~(ix)~~ (iii) Apparatus to establish central venous pressure monitoring;

~~(x)(iv)~~ Standard intravenous fluids and administration devices suitable for infants, children, and adults including infusion pumps with microinfusion capability and large-bore intravenous catheters;

~~(xi)(v)~~ Specialized pediatric procedure trays:

- (I) Lumbar puncture;
- (II) Urinary catheterization;
- (III) Umbilical vessel cannulation;
- (IV) Airway control/cricothyrotomy;
- (V) Thoracotomy;
- (VI) Chest decompression.
- (VII) Intraosseous infusion;
- (VIII) Vascular access;
- (IX) Needle cricothyroidotomy set; and
- (X) Peritoneal lavage.

~~(xii)~~ Magill forceps (pediatric and adult);

~~(xiii)~~ Equipment for gastric decompression;

~~(xiv)~~ Fracture management devices including:

- ~~(I)~~ Skeletal traction devices including cervical immobilization device suitable for pediatric patients;
- ~~(II)~~ Extremity splints; and
- ~~(III)~~ Child and adult femur splints.

~~(xv)(vi)~~ Slit lamp;

~~(xvi)~~ Drugs necessary for pediatric emergency care with printed pediatric doses and pediatric reference materials such as precalculated drug sheets or length-based tape;

~~(xvii)~~ Infant scale;

~~(xviii)~~ Thermal control equipment for patients including a heat source or procedure for infant warming; and

~~(xix)~~ Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(e)(4);.

(B) **Operating suite.** The operating suite ~~shall have~~ has the following supplies and equipment on site, functional and available for use:

- (i) Thermal control equipment for patients and infusion of blood, blood products, and other fluids;
- (ii) X-ray capability including c-arm intensifier;
- (iii) ~~Endoscopes~~ Equipment appropriate for fixation of long-bone and pelvic fractures;
- (iv) Craniotomy instruments; and
- (v) ~~Equipment appropriate for fixation of long-bone and pelvic fractures~~ Endoscopes.

(C) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:

- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
- (ii) Equipment for the continuous monitoring of intracranial pressure;
- (iii) ~~Pulse oximetry~~ Thermal control equipment for patients and infusion of blood, blood products, and other fluids;
- (iv) End-tidal CO2 determination; and
- (v) ~~Thermal control equipment for patients and infusion of blood, blood products, and other fluids~~ Pulse oximetry.

(D) **Intensive care unit.** The intensive care unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:

- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;

- (ii) Cardiopulmonary resuscitation cart;
- (iii) Electrocardiograph-oscilloscope-defibrillator-pacer;
- (iv) Sterile surgical sets for:
 - (I) Airway control/cricothyrotomy;
 - (II) Thoracotomy;
 - (III) Vascular access; and
 - (IV) Chest decompression.

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. The policies on transfers are set forth in (a)(4)(A) ofn this Section (relating to agreements and policies on transfers).~~

(5) **Quality Improvement.** ~~In addition to any other applicable requirements of this Chapter, the facility quality improvement programs shall include a review of the following indicators:~~

- ~~(A) Trauma registry;~~
- ~~(B) Audit for all pediatric deaths to include prehospital care and care received at a transferring facility;~~
- ~~(C) Incident reports related to pediatric patients;~~
- ~~(D) Pediatric transfers;~~
- ~~(E) Child abuse cases;~~
- ~~(F) Pediatric cardiopulmonary or respiratory arrests;~~
- ~~(G) Pediatric admissions within 48 hours of an emergency department visit;~~
- ~~(H) Pediatric surgery within 48 hours of discharge from an emergency department;~~
- ~~(I) Morbidity and mortality review;~~
- ~~(J) Medical nursing audit, utilization review, tissue review;~~
- ~~(K) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons;~~
- ~~(L) Review of the times and reasons for trauma-related bypass; and~~
- ~~(M) The availability and response times of on call staff specialists shall be defined in writing, documented, and continuously monitored. A Level II hospital is subject to the same quality improvement requirements as a Level III hospital set forth in (b)(5) of this Section.~~

(6) **Continuing education.** ~~The hospital shall provide~~ provides ~~and document~~ documents formal continuing education programs for physicians, nurses, allied health personnel, and community physicians. Continuing education programs ~~shall be~~ are available to all state physicians, nurses, allied health personnel, and emergency medical service providers.

(7) **Organ Procurement.** The hospital, in association with an organ procurement organization certified by CMS, ~~shall develop~~ has policies and procedures to identify and refer potential organ donors.

(8) **Outreach programs.** The hospital ~~shall have~~ has organized outreach programs under the direction of a designated prevention coordinator.

(A) **Consultation.** The hospital ~~shall provide~~ provides on-site and/or electronic consultations with community health care providers and those in outlying areas as requested and appropriate.

(B) **Prevention and public education programs.** The hospital ~~shall serve~~ serves as a public information resource and collaborate with other institutions and national, regional, and state programs in research and data collection projects in epidemiology, surveillance, and injury prevention, and other areas.

(d) **Level I.** A Level I ~~facility shall provide~~ hospital provides emergency pediatric medicine and trauma services with organized emergency and pediatrics departments and an organized pediatric trauma service with a designated pediatric surgeon as director. Pediatric surgery, pediatric anesthesiology, pediatric neurosurgery, and pediatric critical care services including a dedicated pediatric intensive care unit (PICU) ~~shall be~~ are available on site ~~twenty-four (24)~~ 24 hours a day. The ~~facility shall also have~~ hospital has the prompt availability of additional clinical services and specialties such as pediatric cardiology, pediatric nephrology, and pediatric infectious disease specialists. A level I ~~facility shall also have~~ hospital

also ~~has~~ an organized trauma research program with a designated director. A hospital ~~shall~~ must be classified at Level I for emergency pediatric medicine and trauma services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Pediatric trauma service.** ~~A pediatric trauma service shall be established by the medical staff and shall be responsible for coordinating the care of injured pediatric patients, the training of personnel, and trauma quality improvement. Privileges for physicians participating in the pediatric trauma service will be determined by the medical staff credentialing process. All pediatric patients with multiple system or major injury shall be evaluated by the trauma service. The surgeon responsible for the overall care of the patient shall be identified. A Level I hospital is subject to the same pediatric trauma service requirements as a Level II hospital set forth in (c)(1)(A) of this Section.~~

(B) **Emergency services.** A physician ~~deemed~~ competent in the care of the critically injured pediatric patient and credentialed by the hospital to provide pediatric emergency medical services and nursing personnel with special capability in pediatric emergency and trauma care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The emergency department ~~shall have~~ has geographically separate and distinct pediatric medical/trauma areas that have all the staff, equipment, and skills necessary for comprehensive pediatric emergency care. Separate fully equipped pediatric resuscitation rooms ~~shall be~~ are available and capable of supporting at least two simultaneous resuscitations. For a hospital licensed as a general medical-surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.

(C) **Poison control center.** The facility ~~shall have~~ hospital has access by telephone or other electronic means to a regional poison control center.

(D) **Pediatric services.** ~~The hospital shall have an organized pediatric service with appropriately credentialed physicians experienced in the care of seriously ill or injured pediatric patients immediately available twenty-four (24) hours a day. Physicians shall be board certified, board eligible, or residency trained in pediatrics. On-call physicians shall respond as required by the hospital's policy. A Level I hospital is subject to the same pediatric services requirements as a Level II hospital set forth in (c)(1)(D) of this Section.~~

(E) **Cardiac catheterization laboratory.** ~~The facility shall have~~ hospital has a full-service cardiac catheterization laboratory or laboratories capable of providing both diagnostic and therapeutic procedures on the heart and great vessels for a wide variety of cardiovascular diseases. Diagnostic, therapeutic, and electrophysiology laboratories ~~shall be~~ are supervised by physicians with appropriate training and expertise in the procedures performed and who are properly credentialed by the medical staff. When primary percutaneous transluminal coronary angioplasty (PTCA) is performed, prompt access to emergency coronary arterial bypass graft (CABG) surgery ~~shall also be~~ is available.

(F) **Pediatric surgery.** A board certified, board eligible, or residency trained pediatric surgeon or senior surgical resident ~~deemed~~ competent and appropriately credentialed by the hospital ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. ~~A stated goal of the pediatric surgery service shall be to have the attending pediatric trauma surgeon authorized and designated by the pediatric trauma service director present in the emergency room at the time of the severely injured pediatric patient's arrival. For a hospital licensed as a general medical-surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(G) **Pediatric anesthesia.** ~~An~~ A board certified, board eligible, or residency trained pediatric anesthesiologist ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. If the anesthesiologist is not present in the facility, ~~prior to hospital~~ before the physician's arrival, anesthesia services may be provided by a certified registered nurse anesthetist (CRNA). The CRNA ~~shall~~ must be ~~deemed~~ competent in the assessment of emergent

situations in pediatric patients and of initiating and providing any indicated treatment. ~~All anesthesia shall be administered as required in OAC 310:667-25-2. All anesthesia shall be administered as required in OAC 310:667-25-2.~~

(H) **Neurologic surgery.** A board certified, board eligible, or residency trained neurosurgeon or other physician ~~deemed~~ competent in the care of pediatric patients with neurotrauma and appropriately credentialed ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. If care is initiated by a physician other than a neurosurgeon, the neurosurgeon on call ~~shall~~ will respond as required by the hospital's policy.

(I) **Orthopedics.** ~~A physician board certified, board eligible, or residency trained in orthopedics and deemed competent in the care of pediatric orthopedic emergencies shall be on site or on call twenty-four (24) hours a day and promptly available in the emergency department. A Level I hospital is subject to the same orthopedics requirements as a Level II hospital set forth in (c)(1)(H) of this Section.~~

(J) **Other specialties.** The hospital ~~shall also have services from~~ has the following specialties specialty services on call and promptly available:

- (i) Cardiovascular surgery;
- (ii) Hand surgery;
- (iii) Microvascular surgery;
- (iv) Ophthalmology;
- (v) Oral/maxillofacial surgery;
- (vi) Otolaryngology;
- (vii) Pediatric allergy/immunology;
- (viii) Pediatric cardiology;
- (ix) Pediatric endocrinology;
- (x) Pediatric gastroenterology;
- (xi) Pediatric hematology/oncology;
- (xii) Pediatric infectious disease;
- (xiii) Pediatric intensivist;
- (xiv) Pediatric nephrology;
- (xv) Pediatric neurology;
- (xvi) Pediatric pulmonology;
- (xvii) Plastic surgery;
- (xviii) Psychiatry/psychology;
- (xix) Radiology; and
- (xx) Urology and urologic surgery.

(K) **Operating suite.** ~~An operating suite with adequate staff and equipment shall be immediately available twenty-four (24) hours a day. The hospital shall define and document in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff shall be maintained. A Level I hospital is subject to the same operating suite requirements as a Level II hospital set forth in (c)(1)(J) of this Section.~~

(L) **Post-anesthesia recovery unit.** ~~The hospital shall have a post anesthesia recovery room or surgical intensive care unit in compliance with OAC 310:667-15-7 with nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post anesthesia care. A Level I hospital is subject to the same post-anesthesia recovery unit requirements as a Level II hospital set forth in (c)(1)(K) of this Section.~~

(M) **Pediatric intensive care unit (PICU).**

- (i) The hospital ~~shall have~~ has a pediatric intensive care unit ~~in compliance~~ that includes:
 - (I) Compliance with OAC 310:667-15-7 with a;
 - (II) A registered nurse on duty in the intensive care unit whenever the unit when it has a patient(s)-patient;

(III) A registered nurse on call and immediately available when the unit does not have a patient;

~~(IV) The hospital shall define and document in writing~~ Written policies defining the minimum staffing requirements for the pediatric intensive care unit. ~~A registered nurse shall be on call and immediately available when no patients are in the unit.;~~

(V) A physician with privileges in pediatric critical care shall be on duty in the unit or immediately available in the hospital twenty-four (24) 24 hours a day.

(ii) The pediatric intensive care unit ~~shall be~~ is a distinct, separate unit within the hospital, with privileges of physicians and allied health personnel delineated in writing.

(iii) ~~Written policies shall be established and approved by the~~ The medical director and medical staff establishes and approves written policies for at least the following:

(I) Admission/discharge;

(II) Minimum staffing;

(III) Patient monitoring;

(IV) Safety;

(V) Nosocomial infection;

(VI) Patient isolation;

(VII) Visitation;

(VIII) Traffic control;

(IX) Equipment operation and maintenance;

(X) Coping with and recovering from the breakdown of essential equipment; and

(XI) Patient record-keeping.

(N) **Diagnostic Imaging.** ~~The hospital shall have diagnostic x-ray services available twenty-four (24) hours a day. A radiologic technologist and computerized tomography technologist shall be on duty or on call and immediately available twenty-four (24) hours a day. A single technologist designated as qualified in both diagnostic x-ray and computerized tomography procedures by the radiologist may be used to meet this requirement if an on-call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service shall provide at least the following services:~~

~~(i) Angiography;~~

~~(ii) Ultrasonography;~~

~~(iii) Computed tomography;~~

~~(iv) Magnetic resonance imaging;~~

~~(v) Neuroradiology; and~~

~~(vi) Nuclear medicine imaging.~~

~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same diagnostic imaging requirements as a Level II hospital set forth in (c)(1)(M) of this Section.~~

(O) **Clinical laboratory service.** ~~The hospital shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24) 24~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ that are available on an emergency basis ~~twenty-four (24) 24~~ 24 hours a day. The clinical laboratory ~~shall have~~ has the capability to analyze microspecimen volumes when appropriate. ~~At least the following shall be available~~ These services include:

(i) Comprehensive immunohematology services including blood typing and compatibility testing.;

(ii) A supply of blood and blood products shall be on hand that is properly stored and adequate to meet expected patient needs. ~~All blood and blood products shall be properly stored.;~~

- ~~(iii)~~ The hospital shall have access Access to services provided by a community central blood bank;
- ~~(ii)~~(iv) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
- ~~(iii)~~(v) Therapeutic drug monitoring;
- ~~(iv)~~(vi) Cerebrospinal fluid and other body fluid cell counts;
- ~~(v)~~(vii) Coagulation studies;
- ~~(vi)~~(viii) Blood gas/pH analysis;
- ~~(vii)~~(ix) Comprehensive microbiology services with immediate availability of Gram stain preparations and at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and
- ~~(viii)~~(x) Drug and alcohol screening.
- ~~(ix)~~ For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.
- (P) **Respiratory therapy.** ~~Routine respiratory therapy procedures and mechanical ventilators shall be available twenty four (24) hours a day. Respiratory therapy services shall comply with OAC 310:667-23-6. A Level I hospital is subject to the same respiratory therapy requirements as a Level II hospital set forth in (c)(1)(O) of this Section.~~
- (Q) **Acute hemodialysis.** The hospital ~~shall have~~ has the capability to provide acute hemodialysis services ~~twenty four (24)~~ 24 hours a day. All nursing staff providing hemodialysis patient care shall have documented hemodialysis training and experience with pediatric patients.
- (R) **Social services.** Social services ~~shall be~~ are available and provided ~~as required~~ in accordance with Subchapter 31 of this Chapter.
- (S) **Physical and occupational therapy services.** Physical and occupational therapy ~~shall be~~ is available and provided ~~as required~~ in accordance with Subchapter 23 of this Chapter.
- (T) **Dietetic and nutrition services.** Dietetic and nutrition services ~~shall be~~ are available and provided ~~as required~~ in accordance with Subchapter 17 of this Chapter.
- (U) **Burn Care.**
- ~~(i)~~ The hospital shall provide burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient; or
- ~~(ii)~~ If the hospital does not meet the requirements at OAC 310:667-59-13(d)(1)(U)(i), it shall have a written transfer agreement with a hospital capable of providing burn care in a physician directed, organized burn care center with a staff of nursing personnel trained in burn care and equipped properly for care of the extensively burned patient. A Level I hospital is subject to the same burn care requirements as a Level III hospital set forth in (b)(1)(M) of this Section.
- (V) **Spinal cord and head injury management.** The hospital shall provide acute spinal cord and head injury management including at least the ability to initiate rehabilitative care prior to transfer and shall have a transfer agreement with a hospital that meets the requirements at OAC 310:667-59-9(d)(1)(P)(i) if comprehensive rehabilitation services are not available within the facility. A Level I hospital is subject to the same spinal cord and head injury management requirementst as a Level II hospital set forth in (c)(1)(R) of this Section.
- (W) **Rehabilitation services.**
- ~~(i)~~ The hospital shall provide rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient; or
- ~~(ii)~~ If the hospital does not meet the requirements at OAC 310:667-59-13(d)(1)(W)(i) it shall have a written transfer agreement with a hospital which meets the requirements of

~~Subchapter 35 of this Chapter and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient. A Level I hospital is subject to the same rehabilitation services requirements as a Level III hospital set forth in (b)(1)(O) of this Section.~~

(2) **Personnel.**

(A) **Pediatric trauma service director.** The medical staff ~~shall designate~~ designates a board certified, board eligible, or residency trained pediatric surgeon as pediatric trauma service director. Through the quality improvement process, the ~~director shall have responsibility for~~ director's responsibilities include all pediatric trauma patients and administrative authority for the hospital's pediatric trauma program. The pediatric trauma service director ~~shall be~~ is also responsible for recommending appointment to and removal from the pediatric trauma service.

(B) **Pediatric trauma coordinator.** The hospital ~~shall have~~ has a designated pediatric trauma coordinator who may also serve as the prevention coordinator. Under the supervision of the pediatric trauma service director, the pediatric trauma coordinator is responsible for organizing the services and systems of the pediatric trauma service to ensure there is a multidisciplinary approach throughout the continuum of pediatric trauma care. The pediatric trauma coordinator ~~shall have~~ has an active role in the following:

- (i) Clinical activities such as design of clinical protocols, monitoring care, and assisting the staff in problem solving;
- (ii) Educational activities such as professional staff development, case reviews, continuing education, and community trauma education and prevention programs;
- (iii) Quality improvement activities such as development of quality monitors, audits, and case reviews in all phases of pediatric trauma care;
- (iv) Administrative tasks for the pediatric trauma service such as those related to services' organization, personnel, budget preparation, and accountability;
- (v) Trauma registry data collection, coding, scoring, and validation; and
- (vi) Consultation and liaison to the medical staff, prehospital emergency medical service agencies, patient families, and the community at large.

(C) **Prevention coordinator.** The hospital ~~shall have~~ has a designated prevention coordinator who may also serve as the pediatric trauma coordinator. Under the supervision of the pediatric trauma director, the prevention coordinator is responsible for the organization and management of the hospital's outreach, prevention, and public education activities.

(D) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide pediatric emergency medical care as emergency services director.

(E) **Surgical director.** The medical staff ~~shall designate~~ designates a board certified, board eligible, or residency trained pediatric surgeon credentialed by the hospital to provide pediatric critical care as the surgical director for trauma patients.

(F) **Research director.** The medical staff ~~shall designate~~ designates a physician as research director who may also serve as the pediatric trauma service director. The research director is responsible for the organization and management of the hospital's trauma and emergency operative research activities.

(G) **PICU medical director.** The medical staff ~~shall designate~~ designates a physician board certified, board eligible, or residency trained in critical care medicine as PICU medical director. The PICU medical director ~~shall participate~~ participates in developing and reviewing PICU policies, promote policy implementation, participate in budget preparation, help coordinate staff education, supervise resuscitation techniques, lead quality improvement activities, and coordinate research.

(H) **PICU nurse manager.** The hospital ~~shall have~~ has a PICU nurse manager with training and experience in pediatric critical care dedicated to the PICU. The PICU nurse manager ~~shall~~

~~participate~~ participates in the development of written policies and procedures for the PICU, coordinate staff education, budget preparation, and coordination of research.

(3) **Supplies and equipment.**

(A) **Emergency department.** The hospital ~~shall have~~ has equipment for use in the resuscitation of pediatric patients on site, functional, and immediately available, including at least the following:

- ~~(i) Spine board (child/adult) for cardiopulmonary resuscitation and papoose board for immobilization of infants and toddlers~~ All the equipment listed for Level II classification set forth in (c)(3)(A) of this Section;
- ~~(ii) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, oxygen, and oxygen delivery equipment. Masks and cannula shall be available in infant, child, and adult sizes;~~
- ~~(iii) Pulse oximeter with adult and pediatric probes;~~
- ~~(iv) End-tidal CO₂ determination;~~
- ~~(v) Infant, child, adult, and thigh blood pressure cuffs;~~
- ~~(vi) Rectal thermometer probe;~~
- ~~(vii) Suction devices suitable for infants, children, and adults;~~
- ~~(viii) Electrocardiograph oscilloscope defibrillator pacer with pediatric capability;~~
- ~~(ix) Portable electroencephalographic equipment; and~~
- ~~(x) Apparatus to establish central venous pressure monitoring;~~
- ~~(xi) Standard intravenous fluids and administration devices suitable for infants, children, and adults including infusion pumps with microinfusion capability and large bore intravenous catheters;~~
- ~~(xii) Specialized pediatric procedure trays:
 - ~~(I) Lumbar puncture;~~
 - ~~(II) Urinary catheterization;~~
 - ~~(III) Umbilical vessel cannulation;~~
 - ~~(IV) Airway control/cricothyrotomy;~~
 - ~~(V) Thoracotomy;~~
 - ~~(VI) Chest decompression.~~
 - ~~(VII) Intraosseous infusion;~~
 - ~~(VIII) Vascular access;~~
 - ~~(IX) Needle cricothyroidotomy set;~~
 - ~~(X) Peritoneal lavage; and~~~~
- ~~(XI)~~ (iii) Subdural access is included as part of the specialized pediatric procedure tray.
- ~~(xiii) Magill forceps (pediatric and adult);~~
- ~~(xiv) Equipment for gastric decompression;~~
- ~~(xv) Fracture management devices including:
 - ~~(I) Skeletal traction devices including cervical immobilization device suitable for pediatric patients;~~
 - ~~(II) Extremity splints; and~~
 - ~~(III) Child and adult femur splints.~~~~
- ~~(xvi) Slit lamp;~~
- ~~(xvii) Drugs necessary for pediatric emergency care with printed pediatric doses and pediatric reference materials such as precalculated drug sheets or length-based tape;~~
- ~~(xviii) Infant scale;~~
- ~~(xix) Thermal control equipment for patients including a heat source or procedure for infant warming; and~~
- ~~(xx) Two-way communication with vehicles of emergency transport system as required at OAC 310:667-29-1(c)(4).~~

(B) **Operating suite.** The operating suite ~~shall have~~ has the following supplies and equipment on site, functional and available for use:

- (i) ~~Cardiopulmonary bypass capability~~ The operating suite equipment listed for Level II classification in (c)(3)(B)(i) through (iv) of this Section;
- (ii) Operating microscope;
- (iii) ~~Thermal control equipment for patients and infusion of blood, blood products, and other fluids~~ Cardiopulmonary bypass capability; and
- (iv) ~~X-ray capability including c-arm intensifier;~~
- ~~(v) Pediatric endoscopes and bronchoscopes;~~
- ~~(vi) Craniotomy instruments; and~~
- ~~(vii) Equipment appropriate for fixation of long-bone and pelvic fractures.~~

(C) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:

- (i) ~~Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange~~ The post-anesthesia recovery unit equipment listed for Level II classification in (c)(3)(C)(i) through (iv); and
- (ii) ~~Equipment for the continuous monitoring of intracranial pressure;~~
- (iii) Pulse oximeter with adult and pediatric probes;
- ~~(iv) End-tidal CO₂ determination; and~~
- ~~(v) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.~~

(D) **Pediatric intensive care unit.** The pediatric intensive care unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:

- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange. Bedside monitors in the pediatric intensive care unit ~~shall~~ have audible and visible high and low alarms for each statistic, provide a hard copy of the heart rhythm strip, and have the capability of simultaneously monitoring:
 - (I) Systemic arterial pressure;
 - (II) Central venous pressure;
 - (III) Pulmonary arterial pressure;
 - (IV) Intracranial pressures;
 - (V) Heart rate and rhythm;
 - (VI) Respiratory rate; and
 - (VII) Temperature.
- (ii) Cardiopulmonary resuscitation cart;
- (iii) Electrocardiograph-oscilloscope-defibrillator-pacer;
- (iv) Sterile surgical sets for:
 - (I) Airway control/cricothyrotomy;
 - (II) Thoracotomy;
 - (III) Vascular access; and
 - (IV) Chest decompression.

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. The policies on transfers are set forth in (a)(4)(A) of this Section (relating to agreements and policies on transfers).~~

(5) **Quality Improvement.** In addition to any other quality improvement requirements ~~of this Chapter,~~ the hospital is subject to, the quality improvement program ~~shall~~ must include:

(A) **Trauma committee.** ~~The hospital shall establish~~ trauma committee is a multidisciplinary ~~trauma~~ committee composed of the trauma service director, emergency services director, trauma coordinator, and other members of the medical and nursing staff that treat trauma and emergency operative patients. The trauma committee ~~shall meet~~ meets regularly to review and evaluate

patient outcomes and the quality of care provided by the trauma service. The quality improvement program ~~shall include~~ includes:

- (i) Trauma registry;
- (ii) Audit for all pediatric deaths to include prehospital care and care received at a transferring facility hospital;
- (iii) Incident reports related to pediatric patients;
- (iv) Pediatric transfers;
- (v) Child abuse cases;
- (vi) Pediatric cardiopulmonary or respiratory arrests;
- (vii) Pediatric admissions within 48 hours of an emergency department visit;
- (viii) Pediatric surgery within 48 hours of discharge from an emergency department;
- (ix) Morbidity and mortality review;
- (x) Regularly scheduled multidisciplinary trauma and emergency operative services review conference;
- (xi) Medical nursing audit, utilization review, tissue review;
- (xii) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons;
- (xiii) Review of the times and reasons for trauma-related bypass;
- (xiv) The availability and response times of on call staff specialists ~~shall be~~ is defined in writing, documented, and continuously monitored; and
- (xv) Quality improvement staff with the time dedicated to and specific for trauma and emergency operative services.

(B) **PICU committee.** ~~The hospital shall establish a PICU committee~~ is composed of physicians, nurses, and other allied health personnel directly involved with activities in the PICU. The PICU committee ~~shall meet~~ meets regularly to review and evaluate patient outcomes and the quality of care provided by the PICU. The PICU quality improvement program may be conducted in conjunction with the trauma and emergency operative services program and ~~shall include~~ includes:

- (i) Special audit for all PICU deaths;
- (ii) Morbidity and mortality review;
- (iii) Medical nursing audit, utilization review, tissue review;
- (iv) Regularly scheduled multidisciplinary PICU review conference;
- (v) Review of prehospital care;
- (vi) Published on call schedules for surgeons, neurosurgeons, and orthopedic surgeons; and
- (vii) The availability and response times of on call staff specialists ~~shall be~~ is defined in writing, documented, and continuously monitored.

(6) **Continuing education.** ~~The hospital shall provide and document formal continuing education programs for physicians, nurses, allied health personnel, and community physicians. Continuing education programs shall be available to all state physicians, nurses, allied health personnel, and emergency medical service providers. A Level I hospital is subject to the same continuing education requirements as a Level II hospital set forth in (c)(6) of this Section].~~

(7) **Organ Procurement.** ~~The hospital, in association with the local organ procurement organization, shall develop policies and procedures to identify and refer potential organ donors. A Level I hospital is subject to the same organ procurement requirements as a Level II hospital set forth in (c)(7) of this Section.~~

(8) **Outreach programs.** ~~The hospital shall have organized outreach programs under the direction of a designated prevention coordinator.~~

~~(A) **Consultation.** The hospital shall provide on-site and/or electronic consultations with community health care providers and those in outlying areas as requested and appropriate.~~

~~(B) **Prevention and public education programs.** The hospital shall serve as a public information resource and collaborate with other institutions and national, regional, and state programs in research and data collection projects in epidemiology, surveillance, and injury~~

~~prevention, and other areas.~~ A Level I hospital is subject to the same outreach program requirement as a Level II hospital [see (c)(8) in this Section].

(9) **Research programs.** The hospital ~~shall have~~ has an organized pediatric services research program under the direction of a designated research director. Research groups ~~shall~~ meet regularly and all research proposals ~~shall be~~ are approved by an Institutional Review Board (IRB) prior to launch. The research director ~~shall~~ will maintain evidence of the productivity of the research program through documentation of presentations and copies of published articles.

310:667-59-15. Classification of emergency dental services

(a) **Level III.** A Level III ~~facility shall provide~~ hospital provides basic emergency dental services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or intermediate or paramedic level emergency medical technician on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level III for emergency dental services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.** ~~No diagnostic~~ Diagnostic, surgical, or medical specialty services are not required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ Intermediate, Advanced Emergency Medical Technician (AEMT) or paramedic level emergency medical technician ~~shall be,~~ as defined in OAC 310:641-1-7, is on site ~~twenty-four (24)~~ 24 hours a day.

(A) ~~If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

(B) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

(C) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

(D) ~~If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** The hospital ~~shall have~~ has drugs Drugs necessary for the treatment of dental emergencies such as analgesics and antibiotics are on site and immediately available:

(4) **Agreements and policies on transfers.**

(A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which~~ that may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.

(B) The ~~facility shall have~~ hospital has a written agreement with a dentist or oral and maxillofacial surgeon to provide immediate consultative services for dental patients ~~twenty-four (24)~~ 24 hours a day. ~~Such~~ These consultative services shall include providing instructions for the initiation of appropriate therapy and/or patient referral to an alternate facility or immediate transfer to a facility capable of providing definitive dental care when appropriate.

(b) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency dental services with an organized emergency department. A physician and nursing staff ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The hospital ~~shall have~~ has basic facilities for the management of minor dental emergencies. A hospital ~~shall~~ must be classified at Level II for emergency dental services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the seriously ill or injured patient and credentialed by the hospital to provide emergency medical services and nursing personnel ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(B) **Dental services.** An appropriately credentialed dental practitioner ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department.

(C) **Oral and maxillofacial surgery.** An appropriately credentialed oral and maxillofacial surgeon ~~shall be~~ is on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department. ~~For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(D) **Operatory.** An operatory or operating room equipped to provide treatment for dental emergencies such as odontalgia, oral hemorrhage, dental abscesses, and subluxated, avulsed, and fractured teeth ~~shall be~~ is available ~~twenty four (24)~~ 24 hours a day.

(E) **Diagnostic imaging.** ~~The hospital shall have~~ hospital's diagnostic x-ray services, including intraoral radiography capability, are available ~~twenty four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(ii) ~~For a hospital licensed as critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(F) **Clinical laboratory service.** ~~The hospital shall have~~ hospital's clinical laboratory services are available ~~twenty four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:

(i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;

(ii) Coagulation studies; and

(iii) Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures.

(iv) ~~For a hospital licensed as general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(v) ~~For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(2) **Personnel.**

(A) **Dental practitioner.** An appropriately credentialed dental practitioner ~~shall be~~ is available for consultation on site or on call and promptly available in the emergency room ~~twenty four (24)~~ 24 hours a day.

(B) **Dental assistant.** A dental assistant or other appropriately trained staff ~~shall be~~ is on site or on call and promptly available to assist the dental practitioner in the operatory or operating room.

(3) **Supplies and equipment.** In addition to the requirements at OAC 310:667-59-9(a)(3), ~~the hospital shall have the following equipment and supplies on site, functional, and immediately~~

~~available. Operatory. The the hospital's~~ operatory or operating room ~~shall have~~ has the following stationary or portable equipment for use in the management of minor dental emergencies on site, functional, and available ~~including at least the following:~~

- (A) Contour treatment chair or operating table appropriate for use in dental procedures;
- (B) Dental operative light;
- (C) Dental delivery unit with:
 - (i) High and low-speed handpieces;
 - (ii) Three way air/water syringe;
 - (iii) High volume suction; and
 - (iv) Saliva ejector.
- (D) Amalgamator;
- (E) Spot welder;
- (F) Rubber dams, punch, and clamps;
- (G) Sterile procedure sets for:
 - (i) Tooth avulsions;
 - (ii) Minor alveolar fractures;
 - (iii) Endodontic kit; and
 - (iv) Soft tissue tray for lacerations.
- (H) Appropriate dental tools such as mirrors, explorers, probes, curettes, excavators, burs and stones, rongeurs, elevators, files, reamers, mallet and chisels, mouth props, and amalgam tools as appropriate;
- (I) Rotary drill; and
- (J) Drugs and consumable supplies necessary for the treatment of dental emergencies such as analgesics, antibiotics, adhesives and cements.

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another facility. The policies on transfers are set forth in (a)(4)(A) of this Section (relating to agreements and policies on transfers).~~

(c) **Level I.** ~~A Level I facility shall provide~~ hospital provides comprehensive emergency dental services with an organized dental service and emergency department. A physician and nursing staff ~~shall be~~ is on site ~~twenty four (24) 24~~ hours a day. An oral and maxillofacial surgeon and anesthesiology services ~~shall be~~ is available either on duty or on call. The hospital ~~shall be~~ is able to provide definitive care for complex dental emergencies. A hospital ~~shall~~ must be classified at Level I for emergency dental services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** ~~A physician deemed competent in the care of the seriously ill or injured patient and credentialed by the hospital to provide emergency medical services and nursing personnel shall be on site twenty four (24) hours a day.~~

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospitals, emergency services shall also comply with OAC 310:667-39-14. A Level I hospital is subject to the same emergency services requirements as a Level II hospital set forth in (b)(1)(A) of this Section.~~

(B) **Dental services.** ~~A dental service shall be~~ Dental services are established by the medical staff. Privileges for physicians and dental practitioners participating in the dental service ~~shall be~~ are determined by the medical staff credentialing process. The dental service ~~shall be~~ is consulted on all patients with oral-facial pain, infection, swelling, and/or trauma.

(C) **Oral and maxillofacial surgery.** A board certified or board prepared oral and maxillofacial surgeon ~~shall be~~ is on call ~~twenty four (24) 24~~ hours a day and promptly available in the emergency department. ~~For a hospital licensed as a general medical surgical hospital, surgical~~

~~services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(D) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24)~~ 24 hours a day, promptly available, and administered ~~as required in accordance with~~ OAC 310:667-25-2.

(E) **Other specialties.** The hospital ~~shall also have services from~~ has the following ~~specialties~~ specialty services available as needed either on site or as part of a dental referral network:

- (i) Endodontics;
- (ii) Orthodontics;
- (iii) Pedodontics;
- (iv) Periodontics; and
- (v) Prosthodontics.

(F) **Operatory.** A operatory equipped to provide treatment for dental emergencies such as odontalgia, oral hemorrhage, dental abscesses, and subluxated, avulsed, and fractured teeth ~~shall be~~ is available ~~twenty-four (24)~~ 24 hours a day.

(G) **Operating suite.** An operating suite with thermal control equipment for patients and infusion of blood and fluids ~~shall be~~ is available ~~twenty-four (24)~~ 24 hours a day.

(H) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or surgical intensive care unit that is in compliance with OAC 310:667-15-7 ~~with and the~~ nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.

(I) **Intensive care unit.** The hospital ~~shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

- (i) Compliance with OAC 310:667-15-7 with a;
- (ii) A registered nurse on duty in the intensive care unit whenever the unit when it has a patient(s). A patient; and
- (iii) A registered nurse shall be on call and immediately available when no patients are in the unit does not have a patient.

(J) **Diagnostic imaging.** The hospital ~~shall have~~ hospital's diagnostic x-ray services ~~including intraoral radiography capability are~~ available ~~twenty-four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. ~~In addition to intraoral radiography, the~~ The diagnostic imaging service shall provide at least the following services provided by the hospital includes:

- (i) Panoramic radiography; ~~and~~
- (ii) Cephalometric radiography; ~~and~~
- (iii) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter~~ intraoral radiography.
- (iv) ~~For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(K) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services ~~are~~ available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:

- (i) Comprehensive immunohematology services including blood typing and compatibility testing.
- (ii) A supply of blood and blood products ~~shall be~~ that is properly stored and adequate to meet expected patient needs. ~~All blood and blood products shall be properly stored.~~
- (iii) The hospital ~~shall have~~ has access to services provided by a community central blood bank;

- ~~(ii)~~(iv) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
 - ~~(iii)~~(v) Coagulation studies;
 - ~~(iv)~~(vi) Blood gas/pH analysis; and
 - ~~(v)~~(vii) Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures.
 - ~~(vi)~~—For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.
 - ~~(vii)~~—For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.
- (2) **Personnel.**
- (A) **Dental practitioner.** Practitioners board certified or board prepared in endodontics, orthodontics, periodontics, and prosthodontics ~~shall be~~ are available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24)~~ 24 hours a day.
 - (B) **Dental assistant.** A dental assistant or other appropriately trained staff ~~shall be~~ is available to assist the dental practitioner in the operatory ~~twenty-four~~ 24 hours a day.
- (3) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-9(a)(3), the hospital shall have the following equipment and supplies on site, functional, and immediately available:~~ Operatory. The hospital's operatory shall have has the following stationary or portable equipment for use in the management of minor dental emergencies on site, functional, and available including at least the following:
- (A) ~~Contour treatment chair~~ The supplies and equipment listed for Level II classification in (b)(3)(B) through (J) in this Section; and
 - (B) ~~Dental operative light~~ Contour treatment chair;
 - (C) ~~Dental delivery unit with:~~
 - (i) ~~High and low speed handpieces;~~
 - (ii) ~~Three way air/water syringe;~~
 - (iii) ~~High volume suction; and~~
 - (iv) ~~Saliva ejector.~~
 - (D) ~~Amalgamator;~~
 - (E) ~~Spot welder;~~
 - (F) ~~Rubber dams, punch, and clamps;~~
 - (G) ~~Sterile procedure sets for:~~
 - (i) ~~Tooth avulsions;~~
 - (ii) ~~Minor alveolar fractures;~~
 - (iii) ~~Endodontic kit; and~~
 - (iv) ~~Soft tissue tray for lacerations.~~
 - (H) ~~Appropriate dental tools such as mirrors, explorers, probes, curettes, excavators, burs and stones, rongeurs, elevators, files, reamers, mallet and chisels, mouth props, and amalgam tools as appropriate;~~
 - (I) ~~Rotary drill; and~~
 - (J) ~~Drugs and consumable supplies necessary for the treatment of dental emergencies such as analgesics, antibiotics, adhesives and cements.~~
- (4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. The policies on transfers are set forth in (a)(4)(A) of this Section (relating to agreements and policies on transfers).~~

310:667-59-17. Classification of emergency obstetric and gynecologic services

(a) **Level IV.** A Level IV ~~facility shall provide~~ hospital provides basic obstetric and gynecologic services, including emergency delivery, with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic, as defined in OAC 310:641-1-7, level emergency medical technician on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level IV for emergency obstetric and gynecologic services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.** ~~No diagnostic~~ Diagnostic, surgical, or medical specialty services are not required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic, as defined in OAC 641-1-7, level emergency medical technician shall be is on site ~~twenty-four (24)~~ 24 hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic ~~level emergency medical technician,~~ then at least one of the practitioners on duty ~~shall have~~ has received training in evaluating obstetric risk factors and protocols for immediate transfer of high risk obstetric cases ~~shall be established and followed.~~

(A) ~~If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

(B) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

(C) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

(D) ~~If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-9(a)(3), the hospital shall have~~ has the following equipment and supplies on site, functional, and immediately available:

(A) Obstetrics pack;

(B) Nitrazine (pH) paper for detecting amniotic fluid when membranes are ruptured;

(C) Equipment to monitor fetal heart rate and pattern electronically or by auscultation;

(D) Heat source or procedure for infant warming; and

(E) Ophthalmic antiseptics for neonates.

(4) **Agreements and policies on transfers.**

(A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another ~~facility~~ hospital. Written policies and procedures shall include where and how neonates shall be cared for until transfer to an appropriate facility can be completed.

(B) The ~~facility shall have~~ hospital has a written agreement with a hospital, or obstetrician-gynecologist, or group of obstetrician-gynecologists to provide immediate consultative services for obstetric and gynecologic patients ~~twenty-four (24)~~ 24 hours a day. Such services ~~shall~~ include the immediate interpretation of obstetric and neonatal risk factors and providing instructions for the initiation of appropriate therapy and/or patient transfer.

(b) **Level III.** A Level III ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff with special capability in obstetric and gynecologic care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level III for emergency obstetric and gynecologic services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent obstetric or gynecologic patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in obstetric and gynecologic care ~~shall be~~ are on site twenty-four (24) 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(B) **General surgery.** A board certified, board eligible, or residency trained general surgeon ~~shall be~~ is on call ~~twenty-four (24) 24~~ hours a day and promptly available in the emergency department. ~~For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(C) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24) 24~~ hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(D) **Operating suite.** An operating suite with thermal control equipment for patients and infusion of blood and fluids ~~shall be~~ is available ~~twenty-four (24) 24~~ hours a day.

(E) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with and the~~ nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.

(F) **Intensive care unit.** The hospital ~~shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

(i) Compliance with OAC 310:667-15-7 with a;

(ii) A registered nurse on duty in the intensive care unit whenever the unit when it has a patient(s). A patient;

(iii) A registered nurse shall be on call and immediately available when no patients are in the unit. The hospital shall define and document in writing does not have a patient;

(iv) Written policies defining the minimum staffing requirements for the intensive care unit and shall monitor compliance with these. These staffing requirements are monitored through the quality improvement program.

(G) **Diagnostic imaging.** The hospital ~~shall have~~ hospital's diagnostic x-ray and ultrasonography services, including ultrasonography, are available ~~twenty-four (24) 24~~ hours a day. A radiology technologist and staff designated as qualified to perform ultrasonography ~~shall be~~ are on duty or on call and immediately available ~~twenty-four (24) 24~~ hours a day. The diagnostic imaging service shall provide at least the following services:

(i) ~~Ultrasonography.~~

(ii) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(iii) ~~For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(H) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24) 24~~ hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty-four (24) 24~~ hours a day. ~~At least the following shall be available~~ These services include:

(i) Comprehensive immunohematology services including blood typing and compatibility testing;

- (ii) A supply of blood and blood products, including Rho (D) immune globulin ~~shall be on hand that is properly stored and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access;~~
- (iii) Access to services provided by a community central blood bank;
- ~~(ii)~~(iv) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing including urine and serum assays for the beta subunit of human chorionic gonadotropin (β -hCG) and quantitative or semiquantitative urine protein;
- ~~(iii)~~—Coagulation studies including:
- ~~(I)~~ Prothrombin time (PT) and activated partial thromboplastin time (aPTT);
- ~~(II)~~ Fibrinogen; and
- ~~(III)~~ Assay for fibrin degradation products or an equivalent test;
- ~~(iv)~~(v) Blood gas/pH;
- ~~(v)~~(vi) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; ~~and~~
- ~~(vi)~~(vii) Drug and alcohol screening; ~~and~~
- ~~(vii)~~ For a hospital licensed as a general medical surgical hospital or a specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.
- ~~(viii)~~ For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter. Coagulation studies, including:
- (I) Prothrombin time (PT) and activated partial thromboplastin time (aPTT);
- (II) Fibrinogen; and
- (III) Assay for fibrin degradation products or an equivalent test;
- (I) **Social services.** Social services ~~shall be~~ are available and provided as required in Subchapter 31 of this Chapter.
- (2) **Personnel.**
- (A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.
- (B) **Obstetrician-gynecologist.** A physician board certified, board eligible, or residency trained in obstetrics and gynecology ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24)~~ 24 hours a day.
- (3) **Supplies and equipment.**
- (A) **Emergency department.** In addition to ~~the requirements at~~ OAC 310:667-59-9(a)(3), the hospital ~~shall have~~ has the following equipment and supplies for use in the management of emergent obstetric, gynecologic, and neonatal patients on site, functional, and available in the emergency department, including at least the following:
- ~~(i)~~ Obstetrics pack;
- ~~(ii)~~ Nitrazine (pH) paper for detecting amniotic fluid when membranes are ruptured;
- ~~(iii)~~ Equipment to monitor fetal heart rate and pattern electronically or by auscultation;
- ~~(iv)~~ Heat source or procedure for infant warming;
- ~~(v)~~ Ophthalmic antiseptics for neonates The emergency department supplies and equipment listed in (a)(3)(A) through (E) of this Section for Level IV classification;
- ~~(vi)~~(ii) Pulse oximetry with adult and pediatric probes;
- ~~(vii)~~(iii) Drugs necessary for care of the emergent obstetric or gynecologic patient including:
- (I) Oxytocic agents;
- (II) Tocolytic agents;
- (III) Prostaglandins;
- (IV) Ergotic agents;

- (V) Antihypertensives; and
- (VI) Magnesium sulfate.
- ~~(viii)~~(iv) Drugs necessary for care of the depressed neonatal patient including:
 - (I) Epinephrine;
 - (II) Volume expanders
 - (III) Sodium bicarbonate;
 - (IV) Dextrose solutions; and
 - (V) Naloxone hydrochloride.
- ~~(ix)~~(v) Sterile procedure trays for episiotomy; and
- ~~(x)~~(vi) Supplies, equipment, and written protocols for the examination of sexual assault victims and for the collection of specimens and the preservation of the chain of evidence including:
 - (I) Preassembled sexual assault examination kits;
 - (II) Consent, chain of evidence, and sexual assault examination forms; and
 - (III) Long-wave ultraviolet lamp;
- (B) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
 - (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
 - (ii) Pulse oximetry;
 - (iii) End-tidal CO₂ determination; and
 - (iv) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.
- (C) **Intensive care unit.** The intensive care unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
 - (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
 - (ii) Cardiopulmonary resuscitation cart;
 - (iii) Electrocardiograph-oscilloscope-defibrillator-pacer;
 - (iv) Sterile surgical sets for:
 - (I) Airway control/cricothyrotomy;
 - (II) Thoracotomy;
 - (III) Vascular access; and
 - (IV) Chest decompression.
- (4) **Agreements and policies on transfers.**
 - (A) ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. Written policies and procedures shall include where and how neonates shall be cared for until transfer to an appropriate facility can be completed.~~
 - (B) ~~The facility shall have a written agreement with a hospital, or obstetrician-gynecologist, or group of obstetrician-gynecologists to provide immediate consultative services for obstetric and gynecologic patients twenty-four (24) hours a day. Such services shall include the immediate interpretation of obstetric and neonatal risk factors and providing instructions for the initiation of appropriate therapy and/or patient transfer. A Level III hospital is subject to the same agreements and polices on transfers requirement as a Level IV hospital set forth in (a)(4) of this Section.~~
 - (c) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency medical services with organized emergency and obstetrics-gynecology and departments. A physician and nursing staff with special capability in obstetric and gynecologic care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The ~~facility shall have~~ hospital has a dedicated obstetrics unit as well as a newborn nursery and ~~shall have~~ has the capability to provide immediate delivery by emergency cesarean section. Laparoscopy and

laparotomy procedures ~~shall be~~ are immediately available when required for obstetric and gynecologic emergencies. A hospital ~~shall~~ must be classified at Level II for emergency obstetric and gynecologic services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** ~~A physician deemed competent in the care of the emergent obstetric or gynecologic patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in obstetric and gynecologic care shall be on site twenty-four (24) hours a day.~~

~~(i) For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

~~(ii) For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14. A Level II hospital is subject to the same emergency services requirements as a Level III hospital set forth in (b)(1)(A) of this Section.~~

(B) **Obstetrics and gynecology.** ~~The facility shall have an~~ hospital's organized obstetrics-gynecology service with appropriately credentialed physicians experienced in obstetric and gynecologic procedures is on call and immediately available ~~twenty-four (24)~~ 24 hours a day. Physician members of the obstetric-gynecology service ~~shall be~~ are board certified, board eligible, or residency trained in obstetrics and gynecology. On call physicians ~~shall~~ will respond as required by the hospital's policy.

(C) **Obstetrics unit.** ~~The hospital shall have a~~ hospital's dedicated obstetrics unit is available ~~twenty-four (24)~~ 24 hours a day. Labor, delivery, and recovery areas ~~shall be~~ are:

(i) appropriately equipped to manage high-risk pregnancies and deliveries including equipment and medications necessary for maternal and neonatal resuscitation procedures-
~~Labor, delivery, and recovery areas shall be;~~ and

(ii) staffed with nursing personnel with special capability in obstetric and neonatal care.

(D) **Newborn nursery.** ~~The hospital shall have a~~ hospital's dedicated newborn nursery is appropriately equipped and staffed with nursing personnel with special capability in neonatal care.

(E) **Pediatrics.** A physician board certified, board eligible, or residency trained in pediatrics and ~~deemed~~ competent in the care of pediatric emergencies ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four~~ 24 hours a day.

(F) **General surgery.** A board certified, board eligible, or residency trained general surgeon ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available. ~~For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(G) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24)~~ 24 hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(H) **Operating suite.** An operating suite with adequate staff and equipment ~~shall be~~ is immediately available ~~twenty-four (24)~~ 24 hours a day. The hospital ~~shall define and document~~ defines and documents in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff ~~shall be~~ is maintained.

(I) **Post-anesthesia recovery unit.** ~~The hospital shall have a post-anesthesia recovery room or intensive care unit in compliance with OAC 310:667-15-7 with nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post-anesthesia care. A Level II hospital is subject to the same post-anesthesia recovery unit requirements as a Level III hospital set forth in (b)(1)(E) of this Section.~~

(J) **Intensive care unit.** ~~The hospital shall have an intensive care unit in compliance with OAC 310:667-15-7 with a registered nurse on duty in the intensive care unit whenever the unit has a patient(s). A registered nurse shall be on call and immediately available when no patients are in the unit. The hospital shall define and document in writing the minimum staffing requirements for~~

~~the intensive care unit and shall monitor compliance with these requirements through the quality improvement program. A Level II hospital is subject to the same intensive care unit requirements as a Level III hospital set forth in (b)(1)(F) of this Section.~~

(K) **Diagnostic imaging.** The hospital shall have hospital's diagnostic x-ray, computerized tomography, and ultrasonography services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist, computerized tomography technologist, and staff designated as qualified to perform ultrasonography ~~shall be~~ are on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service ~~shall provide at least the following services~~ include:

- (i) Ultrasonography;
 - (I) Transabdominal; and
 - (II) Endovaginal.
- (ii) Computed tomography; and
- (iii) Magnetic resonance imaging;

~~(iv) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A radiology technologist shall be on duty or on call and immediately available twenty-four (24) hours a day.~~

~~(v) For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(L) **Clinical laboratory service.** The hospital shall have hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services~~ that are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:

~~(i) Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products, including Rho (D) immune globulin shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank~~ The services listed in (b)(1)(H)(i) through (vii) in this Section for Level III classification;

(ii) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing including urine and serum assays for the beta subunit of human chorionic gonadotropin (β -hCG);

~~(iii)~~(ii) Tests for fetal lung maturity;

~~(iv)~~(iii) Serum hormone tests including:

- (I) Progesterone;
- (II) Follicle stimulating hormone;
- (III) Leutinizing hormone; and
- (IV) Prolactin.

~~(v)~~(iv) Coagulation studies including:

- (I) Prothrombin time (PT) and activated partial thromboplastin time (aPTT);
- (II) Plasminogen;
- (III) Factor assays;
- (IV) Fibrinogen; and
- (V) Assay for fibrin degradation products or an equivalent test;

~~(vi) Blood gas/pH;~~

~~(vii) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~

~~(viii) Drug and alcohol screening.~~

~~(ix) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

~~(x) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(M) **Respiratory therapy.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be~~ are available ~~twenty-four (24) 24~~ hours a day. Respiratory therapy services ~~shall comply~~ are in accordance with OAC 310:667-23-6.

(N) **Social services.** Social services ~~shall be~~ are available and provided ~~as required in~~ accordance with Subchapter 31 of this Chapter.

(2) **Personnel.**

(A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(B) **Obstetrics-gynecology services director.** The medical staff ~~shall designate~~ designates a physician board certified, board eligible, or residency trained in obstetrics and gynecology and credentialed to provide obstetric and gynecologic care as obstetric-gynecology services director.

(C) **Pediatric services director.** The medical staff ~~shall designate~~ designates a physician board certified, board eligible, or residency trained in pediatrics and credentialed to provide care as pediatric services director.

(D) **Newborn nursery services director.** The medical staff ~~shall designate~~ designates a physician board certified, board eligible, or residency trained in pediatrics and credentialed to provide pediatric care as the newborn nursery services director. The pediatric services director may also serve as the newborn nursery services director.

(E) **Physician qualifications.** Physician members of the obstetrics-gynecology service ~~shall be~~ are board certified, board eligible, or residency trained in obstetrics and gynecology.

(F) **Training.** Emergency room, obstetrics unit, and newborn nursery nursing personnel ~~shall~~ have completed the Pediatric Advanced Life Support Program (PALS) offered through the American Heart Association or have equivalent training.

(3) **Supplies and equipment.**

(A) **Emergency department.** In addition to ~~the requirements at~~ OAC 310:667-59-9(a)(3), the hospital ~~shall have~~ has the following equipment and supplies for use in the management of emergent obstetric, gynecologic, and neonatal patients on site, functional, and available in the emergency department, ~~including at least the following:~~

(i) Obstetrics pack;

(ii) Nitrazine (pH) paper for detecting amniotic fluid when membranes are ruptured;

(iii) Equipment to monitor fetal heart rate and pattern electronically;

(iv) Ophthalmic antiseptics for neonates;

(v) Pulse oximetry with adult and pediatric probes;

(vi) Drugs necessary for care of the emergent obstetric or gynecologic patient including:

(I) Oxytocic agents;

(II) Tocolytic agents;

(III) Prostaglandins;

(IV) Ergotic agents;

(V) Antihypertensives; and

(VI) Magnesium sulfate.

(vii) Drugs necessary for care of the depressed neonatal patient including:

(I) Epinephrine;

- (II) Volume expanders
- (III) Sodium bicarbonate;
- (IV) Dextrose solutions; and
- (V) Naloxone hydrochloride.
- (viii) Radiant warmer;
- (ix) Sterile procedure trays for episiotomy; and
- (x) Supplies, equipment, and written protocols for the examination of sexual assault victims and for the collection of specimens and the preservation of the chain of evidence including:
 - (I) Preassembled sexual assault examination kits;
 - (II) Consent, chain of evidence, and sexual assault examination forms; and
 - (II) Long-wave ultraviolet lamp;
- (B) **Obstetrics unit.** The obstetrics unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
 - (i) Cardiopulmonary resuscitation cart;
 - (ii) Electrocardiograph-oscilloscope-defibrillator-pacer;
 - (iii) Equipment for continuous electronic fetal monitoring;
 - (iv) Equipment for external tocography
 - (v) An open, stable area under a radiant warmer with available oxygen and suction and the following equipment for use in neonatal resuscitation:
 - (I) Bulb syringe;
 - (II) Assorted suction catheters;
 - (III) Neonatal oral airways of various sizes;
 - (IV) Neonatal endotracheal tubes of various sizes and stylets;
 - (V) Neonatal ventilation masks and bag-mask resuscitator;
 - (VI) Neonatal laryngoscope with #0 and #1 blades; and
 - (VII) Neonatal orogastric tube.
 - (vi) Drugs necessary for care of the depressed neonatal patient including:
 - (I) Epinephrine;
 - (II) Volume expanders
 - (III) Sodium bicarbonate;
 - (IV) Dextrose solutions; and
 - (V) Naloxone hydrochloride.
- (C) **Operating suite.** The operating suite ~~shall have~~ has the following supplies and equipment on site, functional and available for use:
 - (i) Thermal control equipment for patients and infusion of blood, blood products, and other fluids;
 - (ii) X-ray capability including c-arm intensifier; and
 - (iii) Endoscopes.
- (D) **Post-anesthesia recovery unit.** ~~The post-anesthesia recovery unit shall have the following supplies and equipment on site, functional, and available for use:~~
 - ~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;~~
 - ~~(ii) Pulse oximetry;~~
 - ~~(iii) End-tidal CO₂ determination; and~~
 - ~~(iv) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.~~ A Level II hospital is subject to the same post-anesthesia recovery unit requirements as a Level III hospital set forth in (b)(3)(B) of this Section].
- (E) **Intensive care unit.** ~~The intensive care unit shall have the following supplies and equipment on site, functional, and available for use:~~
 - ~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;~~

- ~~(ii) Cardiopulmonary resuscitation cart;~~
- ~~(iii) Electrocardiograph oscilloscope defibrillator pacer;~~
- ~~(iv) Sterile surgical sets for:

 - ~~(I) Airway control/cricothyrotomy;~~
 - ~~(II) Thoracotomy;~~
 - ~~(III) Vascular access; and~~
 - ~~(IV) Chest decompression.~~~~

A Level II hospital is subject to the same post-anesthesia recovery unit requirements as a Level III hospital set forth in (b)(3)(B) of this Section.

(4) **Policies on transfers.** The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.

(d) **Level I.** A Level I ~~facility shall provide~~ hospital provides emergency medical services with organized emergency, obstetrics-gynecology and neonatology departments. A physician and nursing staff with special capability in obstetric and gynecologic care ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day. The ~~facility shall have~~ hospital has a dedicated obstetrics unit as well as a newborn nursery and neonatal intensive care unit. The hospital ~~shall have~~ also has the capability to provide immediate delivery by emergency cesarean section. Laparoscopy and laparotomy procedures ~~shall be~~ are immediately available when required for obstetric and gynecologic emergencies. A hospital ~~shall~~ must be classified at Level I for emergency obstetric and gynecologic services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A ~~physician deemed competent in the care of the emergent obstetric or gynecologic patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in obstetric and gynecologic care shall be on site~~ physician deemed competent in the care of the emergent obstetric or gynecologic patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in obstetric and gynecologic care shall be on site ~~twenty four (24) hours a day. For hospitals licensed as general medical surgical hospitals or specialty hospitals, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2. A Level I hospital is subject to the same emergency services requirements as a Level II hospital set forth in (c)(1)(A) of this Section.~~ twenty four (24) hours a day. For hospitals licensed as general medical surgical hospitals or specialty hospitals, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2. A Level I hospital is subject to the same emergency services requirements as a Level II hospital set forth in (c)(1)(A) of this Section.

(B) **Obstetrics and gynecology.** The ~~facility shall have an organized obstetrics-gynecology service with appropriately credentialed physicians experienced in obstetric and gynecologic procedures on call and immediately available~~ facility shall have an organized obstetrics-gynecology service with appropriately credentialed physicians experienced in obstetric and gynecologic procedures on call and immediately available ~~twenty four (24) hours a day. Physician members of the obstetric-gynecology service shall be board certified, board eligible, or residency trained in obstetrics and gynecology. On call physicians shall respond as required by the hospital's policy. A Level I hospital is subject to the same obstetrics and gynecology requirements as a Level II hospital set forth in (c)(1)(B) of this Section.~~ twenty four (24) hours a day. Physician members of the obstetric-gynecology service shall be board certified, board eligible, or residency trained in obstetrics and gynecology. On call physicians shall respond as required by the hospital's policy. A Level I hospital is subject to the same obstetrics and gynecology requirements as a Level II hospital set forth in (c)(1)(B) of this Section.

(C) **Neonatology.** The ~~facility shall have~~ hospital has an organized neonatology service with appropriately credentialed physicians experienced in the care of the seriously ill neonatal patient on call and immediately available ~~twenty four (24)~~ 24 hours a day. Physician members of the neonatology service ~~shall be~~ are board certified, board eligible, or residency trained in neonatology. On call physicians ~~shall~~ will respond as required by the hospital's policy.

(D) **Obstetrics unit.** The ~~hospital shall have a dedicated obstetrics unit available~~ hospital has a dedicated obstetrics unit available ~~twenty four (24) hours a day. Labor, delivery, and recovery areas shall be appropriately equipped to manage high-risk pregnancies and deliveries including equipment and medications necessary for maternal and neonatal resuscitation procedures. Labor, delivery, and recovery areas shall be staffed with nursing personnel with special capability in obstetric and neonatal care. A Level I hospital is subject to the same obstetrics unit requirements as a Level II hospital set forth in (c)(1)(C) of this Section.~~ twenty four (24) hours a day. Labor, delivery, and recovery areas shall be appropriately equipped to manage high-risk pregnancies and deliveries including equipment and medications necessary for maternal and neonatal resuscitation procedures. Labor, delivery, and recovery areas shall be staffed with nursing personnel with special capability in obstetric and neonatal care. A Level I hospital is subject to the same obstetrics unit requirements as a Level II hospital set forth in (c)(1)(C) of this Section.

(E) **Pediatrics.** A ~~physician board certified, board eligible, or residency trained in pediatrics and deemed competent in the care of pediatric emergencies shall be available for consultation on site or immediately available by telephone or other electronic means~~ physician board certified, board eligible, or residency trained in pediatrics and deemed competent in the care of pediatric emergencies shall be available for consultation on site or immediately available by telephone or other electronic means ~~twenty four hours a day. A~~ twenty four hours a day. A

Level I hospital is subject to the same pediatrics requirements as a Level II hospital set forth in (c)(1)(E) of this Section.

(F) **Newborn nursery.** ~~The hospital shall have a dedicated newborn nursery appropriately equipped and staffed with nursing personnel with special capability in neonatal care.~~ A Level I hospital is subject to the same newborn nursery requirements as a Level II hospital set forth in (c)(1)(D) of this Section.

(G) **Neonatal intensive care unit.** ~~The hospital shall have~~ has a dedicated neonatal intensive care unit appropriately equipped and staffed with nursing personnel with special capability in neonatal care.

(i) ~~A board certified, board eligible, or residency trained neonatologist or senior resident deemed competent and appropriately credentialed by the hospital shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day at all times when patients are in the unit.

(ii) ~~If a senior neonatology resident is staffing the unit, then an attending neonatologist shall~~ must be on call and promptly available ~~twenty-four (24)~~ 24 hours a day.

(H) **General surgery.** ~~A board certified, board eligible, or residency trained general surgeon shall be on call twenty-four (24) hours a day and promptly available. For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~ A Level I hospital is subject to the same general surgery requirements as a Level II hospital set forth in (c)(1)(F) of this Section.

(I) **Anesthesia.** ~~Anesthesia services shall be on call twenty-four (24) hours a day, promptly available, and administered as required in OAC 310:667-25-2.~~ A Level I hospital is subject to the same anesthesia requirements as a Level III hospital set forth in (b)(1)(C) of this Section.

(J) **Operating suite.** ~~An operating suite with adequate staff and equipment shall be immediately available twenty-four (24) hours a day. The hospital shall define and document in writing the minimum staffing requirements for the operating suite. An on-call schedule for emergency replacement staff shall be maintained.~~ A Level I hospital is subject to the same operating suite requirements as a Level II hospital set forth in (c)(1)(H) of this Section.

(K) **Post-anesthesia recovery unit.** ~~The hospital shall have a post-anesthesia recovery room or intensive care unit in compliance with OAC 310:667-15-7 with nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post-anesthesia care.~~ A Level I hospital is subject to the same post-anesthesia recovery unit requirements as a Level III hospital set forth in (b)(1)(E) of this Section.

(L) **Intensive care unit.** ~~The hospital shall have an intensive care unit in compliance with OAC 310:667-15-7 with a registered nurse on duty in the intensive care unit whenever the unit has a patient(s). A registered nurse shall be on call and immediately available when no patients are in the unit. The hospital shall define and document in writing the minimum staffing requirements for the intensive care unit and shall monitor compliance with these requirements through the quality improvement program.~~ A Level I hospital is subject to the same intensive care unit requirementst as a Level III hospital set forth in (b)(1)(F) of this Section.

(M) **Diagnostic imaging.** ~~The hospital shall have~~ hospital's diagnostic x-ray, computerized tomography, and ultrasonography services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist, computerized tomography technologist, and staff designated as qualified to perform ultrasonography ~~shall be~~ are on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist ~~designated as~~ considered qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. ~~The diagnostic imaging service shall provide at least the following services include:~~

(i) ~~Ultrasonography~~ All diagnostic imaging services listed for Level II classification set forth in (c)(1)(K) of this Section;

(I) ~~Transabdominal;~~ and

(II) ~~Endovaginal.~~

- (ii) Angiography;
 - (iii) ~~Computed tomography;~~
 - (iv) ~~Magnetic resonance imaging;~~
 - ~~(v)(iii)~~ Neuroradiology; and
 - ~~(vi)(iv)~~ Nuclear medicine imaging.
- (vii) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(N) ~~Clinical laboratory service. The hospital shall have clinical laboratory services available twenty four (24) hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis twenty four (24) hours a day. At least the following shall be available:~~

- (i) ~~Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products, including Rho (D) immune globulin shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank;~~
- (ii) ~~Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing including urine and serum assays for the beta subunit of human chorionic gonadotropin (β hCG);~~
- (iii) ~~Tests for fetal lung maturity;~~
- (iv) ~~Serum hormone tests including:~~
 - (I) ~~Progesterone;~~
 - (II) ~~Follicle stimulating hormone;~~
 - (III) ~~Leutinizing hormone; and~~
 - (IV) ~~Prolactin.~~
- (v) ~~Coagulation studies including:~~
 - (I) ~~Prothrombin time (PT) and activated partial thromboplastin time (aPTT);~~
 - (II) ~~Plasminogen;~~
 - (III) ~~Factor assays;~~
 - (IV) ~~Fibrinogen; and~~
 - (V) ~~Assay for fibrin degradation products or an equivalent test;~~
- (vi) ~~Blood gas/pH;~~
- (vii) ~~Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~
- (viii) ~~Drug and alcohol screening.~~
- (ix) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same clinical laboratory service requirements as a Level II hospital set forth in (c)(1)(L) of this Section.~~

(O) ~~Respiratory therapy. Routine respiratory therapy procedures and mechanical ventilators shall be available twenty four (24) hours a day. Respiratory therapy services shall comply with OAC 310:667-23-6. A Level I hospital is subject to the same respiratory therapy requirements as a Level II hospital set forth in (c)(1)(M) of this Section.~~

(P) ~~Acute hemodialysis. The hospital shall have the capability to provide~~ provides acute hemodialysis services ~~twenty four (24)~~ 24 hours a day. All staff providing hemodialysis patient care ~~shall~~ have documented hemodialysis training and experience.

(Q) ~~Social services. Social services shall be~~ are available and provided ~~as required in accordance with~~ Subchapter 31 of this Chapter.

(2) **Personnel.**

(A) **Emergency services director.** The medical staff shall designate ~~designates~~ a physician credentialed to provide emergency medical care as emergency services director.

(B) **Obstetrics-gynecology services director.** The medical staff shall designate a physician board certified, board eligible, or residency trained in obstetrics and gynecology and credentialed to provide obstetric and gynecologic care as obstetric-gynecology services director. A Level I hospital is subject to the same obstetrics-gynecology services director requirements as a Level II hospital set forth in (c)(2)(B) of this Section.

(C) **Pediatric services director.** The medical staff shall designate a physician board certified, board eligible, or residency trained in pediatrics and credentialed to provide care as pediatric services director. A Level I hospital is subject to the same pediatric services director requirements as a Level II hospital set forth in (c)(2)(C) of this Section.

(D) **Newborn nursery services director.** The medical staff shall designate a physician board certified, board eligible, or residency trained in pediatrics and credentialed to provide pediatric care as the newborn nursery services director. The pediatric services director may also serve as the newborn nursery services director. A Level I hospital is subject to the same newborn nursery services director requirements as a Level II hospital set forth in (c)(2)(D) of this Section.

(E) **Neonatology services director.** The medical staff shall designate ~~designates~~ a physician board certified, board eligible, or residency trained in neonatology and credentialed to provide neonatal care as neonatology services director.

(F) **Physician qualifications.**

(i) Physician members of the obstetrics-gynecology service shall be are board certified, board eligible, or residency trained in obstetrics and gynecology.

(ii) Physician members of the neonatology service shall be are board certified, board eligible, or residency trained in neonatology.

(G) **Training.** Emergency room, obstetrics unit, newborn nursery, and neonatal intensive care unit nursing personnel shall have completed the Pediatric Advanced Life Support Program (PALS) and or the Neonatal Advanced Life Support Program (NALS) offered through the American Heart Association or have equivalent training.

(3) **Supplies and equipment.**

(A) **Emergency department.** In addition to the requirements at OAC 310:667-59-9(a)(3), the hospital shall have the following equipment and supplies for use in the management of emergent obstetric and gynecologic patients on site, functional, and available in the emergency department, including at least the following:

(i) ~~Obstetrics pack;~~

(ii) ~~Nitrazine (pH) paper for detecting amniotic fluid when membranes are ruptured;~~

(iii) ~~Equipment to monitor fetal heart rate and pattern electronically;~~

(iv) ~~Ophthalmic antiseptics for neonates;~~

(v) ~~Pulse oximetry with adult and pediatric probes;~~

(vi) ~~Drugs necessary for care of the emergent obstetric or gynecologic patient including:~~

(I) ~~Oxytocic agents;~~

(II) ~~Tocolytic agents;~~

(III) ~~Prostaglandins;~~

(IV) ~~Ergotic agents;~~

(V) ~~Antihypertensives; and~~

(VI) ~~Magnesium sulfate.~~

(vii) ~~Drugs necessary for care of the depressed neonatal patient including:~~

(I) ~~Epinephrine;~~

(II) ~~Volume expanders~~

(III) ~~Sodium bicarbonate;~~

(IV) ~~Dextrose solutions; and~~

(V) ~~Naloxone hydrochloride.~~

- ~~(viii)~~—Radiant warmer;
- ~~(ix)~~—Sterile procedure trays for episiotomy;
- ~~(x)~~—Supplies, equipment, and written protocols for the examination of sexual assault victims and for the collection of specimens and the preservation of the chain of evidence including:
 - ~~(I)~~—Preassembled sexual assault examination kits;
 - ~~(II)~~—Consent, chain of evidence, and sexual assault examination forms; and
 - ~~(III)~~—Long-wave ultraviolet lamp; A Level I hospital is subject to the same emergency department requirement as a Level II hospital [see (c)(3)(A) in this Section].
- ~~(B)~~ **Obstetrics unit.** The obstetrics unit shall have the following supplies and equipment on site, functional, and available for use:
 - ~~(i)~~—Cardiopulmonary resuscitation cart;
 - ~~(ii)~~—Electrocardiograph oscilloscope defibrillator pacer;
 - ~~(iii)~~—Equipment for continuous electronic fetal monitoring;
 - ~~(iv)~~—Equipment for external tocography;
 - ~~(v)~~—An open, stable area under a radiant warmer with available oxygen and suction and the following equipment for use in neonatal resuscitation:
 - ~~(I)~~—Bulb syringe;
 - ~~(II)~~—Assorted suction catheters;
 - ~~(III)~~—Neonatal oral airways of various sizes;
 - ~~(IV)~~—Neonatal endotracheal tubes of various sizes and stylets;
 - ~~(V)~~—Neonatal ventilation masks and bag-mask resuscitator;
 - ~~(VI)~~—Neonatal laryngoscope with #0 and #1 blades; and
 - ~~(VII)~~—Neonatal orogastric tube.
 - ~~(vi)~~—Drugs necessary for care of the depressed neonatal patient including:
 - ~~(I)~~—Epinephrine;
 - ~~(II)~~—Volume expanders
 - ~~(III)~~—Sodium bicarbonate;
 - ~~(IV)~~—Dextrose solutions; and
 - ~~(V)~~—Naloxone hydrochloride. A Level I hospital is subject to the same obstetrics requirements as a Level II hospital set forth in (c)(3)(B) of this Section.
- ~~(B)(C)~~ **Operating suite.** The operating suite shall have the following supplies and equipment on site, functional and available for use:
 - ~~(i)~~—Cardiopulmonary bypass capability All the supplies and equipment listed for Level II classification [see (c)(3)(C) in this Section];
 - ~~(ii)~~—Operating microscope Cardiopulmonary bypass capability; and
 - ~~(iii)~~—Thermal control equipment for patients and infusion of blood, blood products, and other fluids operating microscope;
 - ~~(iv)~~—X-ray capability including c-arm intensifier; and
 - ~~(v)~~—Endoscopes.
- ~~(C)(D)~~ **Post-anesthesia recovery unit.** The post-anesthesia recovery unit shall have the following supplies and equipment on site, functional, and available for use:
 - ~~(i)~~—Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange the post-anesthesia supplies and equipment listed for Level III classification set forth in (b)(3)(B) of this Section; and
 - ~~(ii)~~—Equipment for the continuous monitoring of intracranial pressure;
 - ~~(iii)~~—Pulse oximetry;
 - ~~(iv)~~—End-tidal CO₂ determination; and
 - ~~(v)~~—Thermal control equipment for patients and infusion of blood, blood products, and other fluids.
- ~~(D)(E)~~ **Intensive care unit.** The intensive care unit shall have the following supplies and equipment on site, functional, and available for use:

- ~~(i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;~~
- ~~(ii) Cardiopulmonary resuscitation cart;~~
- ~~(iii) Electrocardiograph oscilloscope defibrillator pacer;~~
- ~~(iv) Sterile surgical sets for:

 - ~~(I) Airway control/cricothyrotomy;~~
 - ~~(II) Thoracotomy;~~
 - ~~(III) Vascular access; and~~
 - ~~(IV) Chest decompression.~~ A Level I hospital is subject to the same intensive care unit requirements as a Level III hospital set forth in (b)(3)(C) of this Section.~~

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility.~~ A Level I hospital is subject to the same policies on transfers requirements as a Level II hospital set forth in (c)(4) of this Section.

310:667-59-19. Classification of emergency ophthalmology services

(a) **Level III.** ~~A Level III facility shall provide~~ hospital provides services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic level emergency medical technician, as defined in OAC 310:641-1-7, on site twenty-four (24) 24 hours a day.~~ A hospital shall must be classified at Level III for emergency ophthalmology services if it meets the following requirements complies with all of this Section:

(1) **Clinical services and resources.** ~~No diagnostic~~ Diagnostic, surgical, or medical specialty services are not required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic level emergency medical technician shall be,~~ as defined in OAC 310:641-1-7, is on site ~~twenty-four (24) 24 hours a day.~~ In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic ~~level emergency medical technician, then~~ at least one of the practitioners on duty shall have has received training in advanced life support techniques and ~~be deemed is~~ competent to initiate treatment of the emergency patient.

~~(A) If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

~~(B) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

~~(C) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

~~(D) If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** ~~In addition to the requirements at OAC 310:667-59-9(a)(3), the hospital shall have~~ also has the following equipment and supplies on site, functional, and immediately available:

(A) Ophthalmic irrigating device or procedure and sterile irrigating solution suitable for ophthalmic irrigation;

(B) Nitrazine pH paper;

- (C) Distance and near vision charts or projector, or other equipment for the proper assessment of visual acuity;
- (D) Ophthalmoscope;
- (E) Agents for pupillary dilation such as:
 - (i) Topical sympathomimetic; and
 - (ii) Topical parasympatholytics.
- (F) Drugs for the treatment of acute angle-closure glaucoma including:
 - (i) Topical miotic agents;
 - (ii) Topical adrenergic antagonists;
 - (iii) Oral and intravenous carbonic anhydrase inhibitors; and
 - (iv) Hyperosmotic agents.
- (G) Topical anesthetic agents;
- (H) Penlight and loupes or magnifying lenses;
- (I) Equipment for tonometry;
- (J) Sterile, individually wrapped, fluorescein impregnated paper strips;
- (K) ~~Light source with a blue filter or Wood lamp~~ Supplies and equipment necessary for patching the eye;
- (L) Lid retractors;
- (M) Ophthalmic spud device or equivalent;
- (N) Topical antibiotics;
- (O) Eye shields; and
- (P) ~~Supplies and equipment necessary for patching the eye~~ Light source with a blue filter or Wood lamp.

(4) **Agreements and policies on transfers.**

- (A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.
 - (B) The ~~facility shall have~~ hospital has a written agreement with a hospital, or board certified, board eligible, or residency trained ophthalmologist, or group of ophthalmologists to provide immediate consultative services for ophthalmology patients ~~twenty-four (24)~~ 24 hours a day. ~~Such~~ These services ~~shall~~ include providing instructions for the initiation of appropriate therapy and/or patient transfer. Appropriately trained and credentialed optometrists may also provide consultative and therapeutic services within their scope of practice.
- (b) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall must~~ be classified at Level II for emergency ophthalmology services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

- (A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent ophthalmology patient and credentialed by the hospital to provide emergency medical services and nursing personnel ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day.
 - (i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital,~~ emergency services shall also comply with the requirements of ~~OAC 310:667-29-1 through OAC 310:667-29-2.~~
 - (ii) ~~For a hospital licensed as a critical access hospital,~~ emergency services shall also comply with ~~OAC 310:667-39-14.~~
- (B) **Diagnostic imaging.** The ~~hospital shall have~~ hospital's diagnostic x-ray services are available ~~twenty-four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day.

- ~~(i) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- ~~(ii) For a hospital licensed as a critical access hospitals, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~
- (C) **Clinical laboratory service.** The hospital shall have hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services~~ that are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:
 - (i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
 - (ii) Coagulation studies;
 - (iii) Blood gas/pH analysis; and
 - (iv) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; ~~and~~
 - ~~(v) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
 - ~~(vi) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~
- (2) **Personnel.**
 - (A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.
 - (B) **Ophthalmologist.** A physician board certified, board eligible, or residency trained in ophthalmology ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24)~~ 24 hours a day.
 - (C) **Optometrist.** Appropriately trained and credentialed optometrists may also provide consultative and therapeutic services within their scope of practice.
- (3) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-9(a)(3), the hospital shall have~~ also has the following equipment and supplies on site, functional, and immediately available:
 - (A) ~~Ophthalmic irrigating device or procedure and sterile irrigating solution suitable for ophthalmic irrigation~~ The equipment and supplies listed in (a)(3)(A) through (O) in this Section for Level III classification; and
 - (B) ~~Nitrazine pH paper;~~
 - ~~(C) Distance and near vision charts or projector, or other equipment for the proper assessment of visual acuity;~~
 - ~~(D) Ophthalmoscope;~~
 - ~~(E) Agents for pupillary dilation such as:~~
 - ~~(i) Topical sympathomimetic; and~~
 - ~~(ii) Topical parasympatholytics.~~
 - ~~(F) Drugs for the treatment of acute angle closure glaucoma including:~~
 - ~~(i) Topical miotic agents;~~
 - ~~(ii) Topical adrenergic antagonists;~~
 - ~~(iii) Oral and intravenous carbonic anhydrase inhibitors; and~~
 - ~~(iv) Hyperosmotic agents.~~
 - ~~(G) Topical anesthetic agents;~~
 - ~~(H) Penlight and loupes or magnifying lenses;~~
 - ~~(I) Equipment for tonometry;~~

- (J) Slit-lamp biomicroscope;
- (K) ~~Sterile, individually wrapped, fluorescein impregnated paper strips;~~
- (L) ~~Lid retractors;~~
- (M) ~~Ophthalmic spud device or equivalent;~~
- (N) ~~Topical antibiotics;~~
- (O) ~~Eye shields; and~~
- (P) ~~Supplies and equipment necessary for patching the eye.~~

(4) **Agreements and policies on transfers.**

(A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which that~~ may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another facility.

(B) The ~~facility shall have~~ hospital has a written agreement for immediate consultative services for ophthalmology patients 24 hours a day with a hospital, or board certified, board eligible, or residency trained ophthalmologist, or group of ophthalmologists ~~to provide immediate consultative services for ophthalmology patients twenty four (24) hours a day.~~ Such These services ~~shall~~ include providing instructions for the initiation of appropriate therapy and/or patient transfer.

(c) **Level I.** A ~~facility providing~~ Level I hospital provides emergency medical services with organized emergency and ophthalmology departments. A physician and nursing staff with special capability in ophthalmic care ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day. The ~~facility shall have~~ hospital has the capability to provide immediate diagnostic imaging and sight saving surgical intervention ~~twenty four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level I for emergency ophthalmology services if it ~~meets the following requirements~~ complies with (c)(1) through (c)(4) of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent ophthalmology patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in ophthalmic care ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day. ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(B) **Ophthalmology and ophthalmic surgery.** The ~~facility shall have~~ hospital has an organized ophthalmology and ophthalmic surgery service with appropriately credentialed physicians experienced in ophthalmic medical and surgical procedures immediately available ~~twenty four (24)~~ 24 hours a day. Physician members of the ophthalmology service ~~shall be~~ are board certified, board eligible, or residency trained in ophthalmology. On call physicians ~~shall~~ will respond as required by the hospital's policy.

(C) **Neurology.** A board certified, board eligible, or residency trained neurologist ~~shall be~~ is on site or on call ~~twenty four (24)~~ 24 hours a day and promptly available in the emergency department.

(D) **Anesthesia.** A board certified, board eligible, or residency trained anesthesiologist ~~shall be~~ is on site or on call ~~twenty four (24)~~ 24 hours a day and promptly available. All anesthesia ~~shall be~~ is administered ~~as required~~ in accordance with OAC 310:667-25-2.

(E) **Operating suite.** An operating suite with adequate staff and equipment ~~shall be~~ is immediately available ~~twenty four (24)~~ 24 hours a day. The hospital ~~shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff ~~shall be~~ is maintained. At least one operating suite ~~shall have~~ has conventional and laser surgery and photocoagulation capability.

(F) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 with and nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care.

(G) **Intensive care unit.** ~~The hospital shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

~~(i) Compliance with OAC 310:667-15-7 with a;~~

~~(ii) A registered nurse on duty in the intensive care unit whenever the unit has a patient(s). A~~ when it does not have a patient;

~~(iii) A registered nurse shall be on call and immediately available when no patients are in the~~ unit. The does not have a patient; and

~~(iv) The hospital shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the intensive care unit ~~and shall monitor compliance with these.~~

These staffing requirements are monitored through the quality improvement program.

(H) **Diagnostic Imaging.** ~~The hospital shall have~~ hospital's diagnostic x-ray, computed tomography, and ultrasonography services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist, computerized tomography technologist, and staff designated as qualified to perform ultrasonography ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. ~~The diagnostic imaging service shall provide at least the following services~~ include:

~~(i) Angiography;~~

~~(ii) Ultrasonography;~~

~~(iii) Computed tomography;~~

~~(iv) Magnetic resonance imaging; and~~

~~(v) Neuroradiology.~~

~~(vi) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(I) **Clinical laboratory service.** ~~The hospital shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:

~~(i) Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank~~ All the clinical laboratory services listed for Level II classification set forth in (b)(1)(C) of this Section;

~~(ii) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing~~ Comprehensive immunohematology services including blood typing and compatibility testing;

~~(iii) Coagulation studies~~ A supply of blood and blood products on hand that is properly stored and adequate to meet expected patient needs; and

~~(iv) Blood gas/pH analysis; and~~ Access to services provided by a community central blood bank.

~~(v) Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~

~~(vi) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(J) **Social services.** Social services ~~shall be~~ are available and provided as ~~required~~ in accordance with Subchapter 31 of this Chapter.

(2) **Personnel.**

(A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(B) **Ophthalmology services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide medical and/or surgical ophthalmic care as ophthalmology services director.

(C) **Physician qualifications.** Physician members of the ophthalmology service ~~shall be~~ are board certified, board eligible, or residency trained in ophthalmology.

(D) **Optometrist.** Appropriately trained and credentialed optometrists may also provide consultative and therapeutic services within their scope of practice.

(3) **Supplies and equipment.** In addition to ~~the requirements at~~ OAC 310:667-59-19(b)(3), the hospital ~~shall have~~ has the following equipment and supplies on site, functional, and immediately available:

(A) Gonioscopy equipment; and

(B) Equipment for indirect ophthalmoscopy.

(4) **Policies on transfers.** The hospital ~~shall have~~ hospital has written policies defining the medical conditions and circumstances for those emergency patients ~~which that~~ that may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another facility.

310:667-59-20. Classification of emergency stroke services

(a) **Level I Stroke Center.** A Level I Stroke Center ~~shall be deemed to adhere to~~ must comply with primary and secondary stroke recognition and prevention guidelines as required by state law ~~and serve.~~ A Level I Stroke Center serves as a resource center for other hospitals in the region and ~~be is~~ is a comprehensive receiving ~~facility~~ hospital staffed and equipped to provide total care for all major needs of the stroke patient as determined by:

(1) An up-to-date certification as a Comprehensive Stroke Center from a Centers for Medicare and Medicaid Services deemed accrediting agency or a Department approved organization that uses a nationally recognized set of guidelines; and

(2) Providing quality assurance information, including benchmark tracking and other data to the department upon request.

(b) **Level II Stroke Center.** A Level II Stroke Center ~~shall be deemed to adhere to~~ must comply with primary and secondary stroke recognition and prevention guidelines as required by state law ~~and be a.~~ A Level II Stroke Center is also a receiving center staffed by in-patient stroke services staff and ~~be~~ is equipped to provide definitive care for a major proportion of stroke patients within the region as determined by:

(1) An up-to-date certification as a Primary Stroke Center from a Centers for Medicare and Medicaid Services deemed accrediting agency or a Department approved organization that uses a nationally recognized set of guidelines; and

(2) Providing quality assurance information, including benchmark tracking and other data to the department upon request.

(c) **Level III Stroke Center.** A Level III Stroke Center ~~shall be deemed to adhere to~~ must comply with secondary stroke recognition and prevention guidelines as required by state law ~~and be.~~ A Level III Stroke Center is staffed and equipped to provide initial diagnostic services, stabilization, thrombolytic therapy, emergency care to patients who have suffered an acute stroke (which is a stroke ~~wherein~~ where symptoms have on-set within the ~~immediately preceding twelve (12)~~ 12 hours). ~~They shall~~ A Level III Stroke Center must have an up-to-date certification as an Acute Stroke Ready Hospital from a Centers for Medicare and Medicaid Services deemed accrediting agency or from a department approved organization that uses a nationally recognized set of guidelines or from the department for a period not to exceed ~~three~~ three years, ~~and meet the following requirements~~ A hospital must be classified at a Level III Stroke Center if it complies with (c)(1) through (c) (7) of this subsection:

(1) **Stroke Team:**

~~(A) Having a~~ The stroke team is available twenty-four (24) hours a day, seven (7) days a week 24;

~~(B) Having~~ The stroke team includes a licensed physician trained in the care of the emergent stroke patient and credentialed by the hospital to provide emergency medical service for stroke patients, including the ability to administer thrombolytic agents;

~~(C) Having designated stroke team(s) that are identified in writing, which is~~ Each stroke team member is either on-site or each member is able to respond to the hospital within twenty (20) 20 minutes to the emergency department of the Stroke Center;

~~(D) Having~~ Stroke members are trained in the care of a stroke patient, with said training updated annually;

~~(E) Having response times of the stroke team established and tracked in writing; The stroke team's written protocols:~~

~~(i) State the standard practice for the care of stroke patients;~~

~~(ii) Establish expected response time and requires the response time of stroke patients to be recorded in writing;~~

~~(F)(iii) Adoption of standard practice protocols for the care of a stroke patient in writing, which shall include~~ Require the appropriate administration of an FDA-approved thrombolytic agent to occur within sixty (60) 60 minutes following the arrival of a patient who has suffered a stroke after a patient arrives at the emergency department at least fifty percent (50%) 50% of the time; and

~~(G)(iv) Written~~ Includes emergency stroke care protocols adopted as further described in (2)(D) in this subsection; and.

~~(H)(F) A licensed nurse or other health professional designated as the stroke coordinator. The stroke team's policies and procedures include provisions that:~~

~~(i) The stroke coordinator must be either a licensed nurse or other health professional; and~~

~~(ii) All stroke team members are identified in writing.~~

(2) Emergency Department:

~~(A) A~~ The emergency department includes licensed independent practitioner able to:

~~(i) recognize~~ Recognize, assess and if indicated administer thrombolytic therapy to stroke patients; and

~~(B)(ii) A licensed independent practitioner will assess~~ Assess potential stroke patients within 15 minutes of arrival;

~~(C)(B) Having~~ The emergency department includes nursing personnel trained in emergent stroke care that are available on-site twenty-four (24) 24 hours a day, seven (7) days a week who are trained in emergent stroke care, which is demonstrated. Training must occur at least every two (2) 2 years through evidence of competency;

~~(D) For a hospital, licensed as a general medical surgical hospital or a specialty hospital, all emergency services shall meet the requirements of Oklahoma Administrative Code (OAC) 310:667-29-1 and 310:667-29-2;~~

~~(E) For a hospital, licensed as critical access hospital, all emergency services shall meet the requirements of OAC 310:667-39-14;~~

~~(F)(C) Adopt~~ The emergency department has written comprehensive stroke protocols for the treatment and stabilization of a stroke patient, which shall include, but not be limited to: These protocols include:

~~(i) Detailed instructions on IV thrombolytic use;~~

~~(ii) Reversal of anticoagulation in patients with hemorrhagic stroke;~~

~~(iii) A standardized stroke assessment scale;~~

~~(iv) Protocols for the control of seizures;~~

~~(v) Blood pressure management; and~~

~~(vi) Care for patients, who have suffered a stroke, but are not eligible to receive thrombolytic agents.~~

~~(G)~~(D) ~~Collaborate~~ The emergency department collaborates with emergency medical service agencies to develop inter-facility transfer protocols for stroke patients and will only use those emergency medical service agencies that have a Department approved protocol for the inter-facility transfer of stroke patients.

(3) **Supplies and equipment:**

(A) All equipment and supplies ~~shall meet the requirements of~~ comply with OAC 310:667-59-9(a)(3);

(B) ~~Have~~ The following must be available on-site, ~~twenty four (24)~~ 24 hours a day, ~~seven (7)~~ days a week;

(i) thrombolytic agents, which are FDA approved for the treatment of acute non-hemorrhagic stroke;

~~(C)~~(ii) ~~Have available on site, twenty four (24) hours a day, seven (7) days a week,~~ seizure control agents; and

~~(D)~~(iii) ~~Have available on site, twenty four (24) hours a day, seven (7) days a week,~~ thiamine and glucose for intravenous administration.

(4) **Neuroimaging services:**

(A) ~~Have available on site, twenty four (24) hours a day, seven (7) days a week~~ Diagnostic x-ray and computerized tomography (CT) services are on site and available 24 hours a day;

(B) ~~Have~~ Radiologic technologist and CT technologist are on duty or on call with a ~~twenty (20)~~ 20 minute response time, ~~twenty four (24)~~ 24 hours a day, ~~seven (7) days a week~~ radiologic technologist and CT technologist. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and CT procedures ~~by the radiologist~~ may be used to meet this requirement if an on-call schedule of additional diagnostic imaging personnel is maintained;

~~(C)~~ ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in OAC 310:667-23 of this Chapter; and~~

~~(D)~~ ~~For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in OAC 310:667-39.~~

(5) **Laboratory services:**

(A) ~~Laboratory services shall be provided~~ are on-site and available ~~twenty four (24)~~ 24 hours a day, ~~seven (7) days a week, and at a minimum provide the following~~ . These services include:

~~(i)~~(A) A complete blood count;

~~(ii)~~(B) Metabolic profile;

~~(iii)~~(C) Coagulation studies (prothrombin time, international normalized ratio);

~~(iv)~~(D) Pregnancy testing; and

~~(v)~~(E) Troponin I.

~~(B)~~ ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 310:667-23; and~~

~~(C)~~ ~~For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 301:667-39.~~

(6) **Outcome and quality improvement:** ~~Outcome and quality improvement activities shall include the tracking of all stroke patients, appropriate use of thrombolytic therapy, performance measures and at a minimum the following steps shall be accomplished, which shall be verifiable and made available upon request by the Department:~~

(A) ~~The facility~~ hospital will track the number of all stroke and acute stroke patients, the number treated with thrombolytic therapy, including how soon after hospital presentation (arrival to needle time), the number of acute stroke patients not treated and indications for why they were not treated;

(B) There will be an official policy to review the care of all acute stroke patients that were eligible for thrombolytics and did not receive them;

- (C) There will be a policy for and review of all patients who received thrombolytics more than 60 minutes after hospital presentation;
- (D) If a ~~facility~~ hospital fails to provide thrombolytics within 60 minutes to at least 50% of eligible patients for two consecutive quarters, they will develop and implement an internal plan of corrections;
- (E) Provide no less than quarterly feedback to:
 - (i) Hospital physicians and other health professionals;
 - (ii) Emergency medical service agencies; and
 - (iii) Referring hospitals;
- (F) There will be a review of all acute stroke patients who require more than 2 hours to be transferred (arrival-to-departure time);
- (G) The time from ordering to interpretation of a head CT or MRI will be tracked; and
- (H) Door-to-computer link time for cases where a tele-technology is used;
- (I) The hospital will make available to the Department any information referenced in this paragraph that it requests.

(7) **Agreements and policies:**

- (A) The Level III stroke center ~~shall develop and implement a~~ has written plan for transfer of patients to a Level I or Level II stroke facility as appropriate, defining medical conditions and circumstances for those emergency patients who:
 - (i) May be retained for treatment in-house;
 - (ii) Require stabilizing treatment; and
 - (iii) Require transfer to another facility.

(B) If a stroke telemedicine program is utilized, there will be a written, contractual agreement addressing, at a minimum, performance standards, legal issues and reimbursement.

(d) **Level IV Stroke Referral Center.** A Level IV Stroke referral center ~~shall be deemed to adhere to~~ must comply with secondary stroke recognition and prevention guidelines as required by state law and ~~is~~ be a referral center lacking sufficient resources to provide definitive care for stroke patients. A Level IV Stroke referral Center ~~shall provide~~ provides prompt assessment, indicated resuscitation and appropriate emergency intervention. The Level IV Stroke referral Center ~~shall arrange~~ arranges and ~~expedite~~ expedites transfer to a higher level stroke center as appropriate. A hospital ~~shall~~ must receive a Level IV Stroke referral Center designation by the Department, ~~which shall be renewed in three (3) year with~~ renewal occurring in 3 year intervals, providing provided the hospital is not certified as a level I, II or III stroke center ~~and meets the following requirements if it complies with all of this subsection:~~

(1) **Emergency Department:**

(A) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall comply with the requirements of OAC 310:667-29-1 and OAC 310:667-29-2;~~

(B) ~~For a hospital licensed as a critical access hospital, emergency services shall comply with OAC 310:667-39-14;~~

(C) For acute stroke patients requiring transfer by emergency medical services, said services will be contacted and emergently requested no more than 20 minutes after patient arrival;

(B) Enter into transfer agreements for expeditious transfer of acute stroke patients to stroke centers able to provide a higher level of care;

(C) ~~Have~~ The emergency department has a comprehensive plan for the prompt transfer of acute stroke patients to higher level stroke centers which includes an expected arrival-to-departure time of < less than 60 minutes, with the ability to provide documentation demonstrating the ability to meet this requirement at least 65% of the time on a quarterly basis;

(D) ~~A~~ The emergency department has a health care professional that is able to recognize stroke patients ~~will assess the patient~~ and assess potential stroke patients within 15 minutes of arrival; and

~~(G)(E) Collaborate~~ The emergency department collaborates with emergency medical service agencies to develop inter-facility transfer protocols for stroke patients and will only use those emergency medical service agencies that have a Department approved protocol for the inter-facility transfer of stroke patients.

(2) **Supplies and equipment:** All Level IV Stroke referral Centers ~~shall meet the requirements of~~ comply with OAC 310:667-59-9(a)(3).

(3) **Laboratory services:** No requirements.

~~(A) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 310:667-23; and~~

~~(B) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in OAC 310:667-39.~~

(4) **Outcome and quality improvement:** The following outcome and quality improvement requirements are applicable to Level IV Stroke referral Centers, which include tracking of all patients seen with acute stroke:

(A) A ~~facility~~ hospital will meet the applicable outcome and quality measures listed in ~~section 310:667-59-20(G)+ (c)(6) in this Section;~~ and

(B) Track and review all acute stroke transfer cases requiring longer than an arrival-to-departure time of > less than 60 minutes. If over two consecutive quarters inter-facility transfers (arrival-to-departure) exceeds > 60 minutes more than 35% of the time the facility will create and implement an internal plan of correction.

(5) **Agreements and policies:**

(A) A Level IV Stroke referral Center ~~shall develop and implement~~ has a written plan for transfer of patients to a Level I, II or III Stroke Center. The written plan shall ~~establish~~ establishes medical conditions and circumstances to determine:

(i) Which patients may be retained or referred for palliative or end-of-life care;

(ii) Which patients shall require stabilizing treatment; and

(iii) Which patients shall require transfer to a Level I, II or III Stroke Center;

(B) Development and implementation of policy and transfer agreements directing transfer of acute stroke patients to the closest appropriate higher level facility. Patient preference may be taken into consideration when making this decision.

310:667-59-21. Classification of emergency neurology services

(a) **Level III.** A Level III ~~facility shall provide~~ hospital provides services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ Intermediate, Advanced Emergency Medical Technician (AEMT) or paramedic level emergency medical technician, as defined in OAC 310:641-1-7, on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level III for emergency neurology services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.** ~~No diagnostic~~ Diagnost, surgical, or medical specialty services are not required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate~~ Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic level emergency medical technician shall be, as defined in OAC 310:641-1-7, is on site ~~twenty-four (24)~~ 24 hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic ~~level emergency medical technician, then~~ at least one of the practitioners on duty shall have has received training in advanced life support techniques and ~~be deemed~~ is competent to initiate treatment of the emergency patient.

~~(A) If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

~~(B) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

~~(C) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

~~(D) If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-9(a)(3),~~ the hospital ~~shall have~~ has the following equipment and supplies on site, functional, and immediately available:

(A) Seizure control agents;

(B) Thiamine and glucose for intravenous administration; and

(C) Antipyretics and procedures for reducing body temperature when necessary.

(4) **Agreements and policies on transfers.**

(A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which~~ that may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another facility.

(B) The ~~facility shall have~~ hospital has a written agreement with a hospital, or board certified, board eligible, or residency trained neurologist, or group of neurologists to provide immediate consultative services for neurology patients ~~twenty-four (24)~~ 24 hours a day. ~~Such~~ These services ~~shall~~ include providing instructions for the initiation of appropriate therapy and/or patient transfer.

(b) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level II for emergency neurology services if it ~~meets~~ the following requirements complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent neurology patient and credentialed by the hospital to provide emergency medical services and nursing personnel ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(B) **Diagnostic imaging.** The ~~hospital shall have~~ hospital's diagnostic x-ray and computerized tomography services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist and computerized tomography technologist ~~shall be~~ are on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging ~~service shall provide at least the following services~~ include:

(i) Ultrasonography; and

(ii) Computed tomography.

~~(iii) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

~~(iv) For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(C) **Clinical laboratory service.** ~~The hospital shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24) 24~~ hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty-four (24) 24~~ hours a day. ~~At least the following shall be available~~ These services include:

- (i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
- (ii) Cerebrospinal fluid, cell count, white blood cell differential, protein, glucose, Gram stain, and antigen testing when appropriate;
- (iii) Coagulation studies;
- (iv) Blood gas/pH analysis;
- (v) Drug and alcohol screening; and
- (vi) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; ~~and~~
- ~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- ~~(viii) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(2) **Personnel.**

(A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(B) **Neurologist.** A physician board certified, board eligible, or residency trained in neurology ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24) 24~~ hours a day.

(3) **Supplies and equipment.** In addition to ~~the requirements at~~ OAC 310:667-59-9(a)(3), the hospital ~~shall have~~ has the following equipment and supplies on site, functional, and immediately available:

- (A) Equipment to perform electroencephalographic (EEG) testing;
- (B) Seizure control agents;
- (C) Thiamine and glucose for intravenous administration;
- (D) Antipyretics and procedures for reducing body temperature when necessary;
- (E) Sterile procedure trays for:
 - (i) Lumbar puncture and measurement of intracranial pressure; and
 - (ii) Gastric lavage and administration of activated charcoal.
- (F) Agents to manage increased intracranial pressure including:
 - (i) Osmotic diuretics such as mannitol;
 - (ii) Loop diuretics such as furosemide; and
 - (iii) Corticosteroids when appropriate.
- (G) Drugs to manage migraine headache such as sumatriptin, ergotic agents, antinauseants, narcotic analgesics, etc.; and
- (H) Thrombolytic agents for treatment of acute nonhemorrhagic stroke.

(4) **Agreements and policies on transfers.**

~~(A) The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility.~~

~~(B) The facility shall have a written agreement with a hospital, or board certified, board eligible, or residency trained neurologist, or group of neurologists to provide immediate consultative services for neurology patients twenty-four (24) hours a day. Such services shall include providing instructions for the initiation of appropriate therapy and/or patient transfer. A~~

Level II hospital is subject to the same agreements and policies on transfers requirement as a Level III hospital [see (a)(4) in this Section].

(c) **Level I.** A Level I ~~facility shall provide~~ hospital provides emergency medical services with organized emergency, neurology, and neurosurgery departments. A physician and nursing staff with special capability in neurologic care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The ~~facility shall have~~ hospital has the capability to provide immediate diagnostic imaging and neurosurgical intervention ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level I for emergency neurology services ~~if it meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** ~~A physician deemed competent in the care of the emergent neurology patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in neurologic care shall be on site twenty four (24) hours a day. For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2. A Level I hospital is subject to the same emergency services requirements as a Level II hospital set forth in (b)(1)(A) of this Section.~~

(B) **Neurology.** ~~The facility shall have~~ hospital has an organized neurology service with appropriately credentialed physicians experienced in neurologic procedures that is immediately available ~~twenty-four (24)~~ 24 hours a day. Physician members of the neurology services ~~shall be~~ are board certified, board eligible, or residency trained in neurology. On call physicians ~~shall~~ will respond as required by the hospital's policy.

(C) **Neurosurgery.** ~~The facility shall have~~ hospital has an organized neurosurgery service with appropriately credentialed physicians experienced in neurosurgical procedures that is immediately available ~~twenty-four (24)~~ 24 hours a day. Physician members of the neurosurgery service ~~shall be~~ are board certified, board eligible, or residency trained in neurosurgery. On call physicians ~~shall~~ will respond as required by the hospital's policy.

(D) **Anesthesia.** A board certified, board eligible, or residency trained anesthesiologist ~~shall be~~ is on site or on call ~~twenty-four (24)~~ 24 hours a day and promptly available. All anesthesia ~~shall be~~ is administered ~~as required in accordance with~~ OAC 310:667-25-2.

(E) **Operating suite.** An operating suite with adequate staff and equipment ~~shall be~~ is immediately available ~~twenty-four (24)~~ 24 hours a day. The hospital ~~shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the operating suite. An on call schedule for emergency replacement staff ~~shall be~~ is maintained.

(F) **Post-anesthesia recovery unit.** ~~The hospital shall have a~~ hospital's post-anesthesia recovery room or intensive care unit is in compliance with OAC 310:667-15-7 ~~with and the~~ and the nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post-anesthesia care.

(G) **Intensive care unit.** ~~The hospital shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

(i) Compliance with OAC 310:667-15-7 with a;

(ii) A registered nurse on duty in the intensive care unit whenever the unit has a patient(s). A it has a patient;

(iii) A registered nurse shall be on call and immediately available when no patients are in the unit. The hospital shall define and document in writing the has a patient; and

(iv) Written minimum staffing requirements for the intensive care unit and shall monitor compliance with these These staffing requirements are monitored through the quality improvement program.

(H) **Diagnostic Imaging.** ~~The hospital shall have~~ hospital's diagnostic x-ray and computed tomography services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist and computerized tomography technologist ~~shall be~~ are on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist

in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service ~~shall provide at least the following services include:~~

- (i) Cerebral angiography;
- (ii) Myelography;
- (iii) Ultrasonography;
- (iv) Computed tomography;
- (v) Magnetic resonance imaging; and
- (vi) Neuroradiology.

~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(I) **Electrophysiologic Testing.** The hospital ~~shall have~~ has electrophysiologic testing services including electroencephalography (EEG), electrocardiography (ECG), and electromyography (EMG) services available as needed.

(J) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services are available ~~twenty four (24) 24~~ hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty four (24) 24~~ hours a day. ~~At least the following shall be available~~ These services include:

(i) All the clinical laboratory services listed for Level II classification set forth in (b)(1)(C) of this Section;

~~(i)~~(ii) Comprehensive immunohematology services including blood typing and compatibility testing;

(iii) A supply of blood and blood products shall be on hand that is properly stored and adequate to meet expected patient needs. ~~All blood and blood products shall be properly stored.; and~~

(iv) ~~The hospital shall have access~~ Access to services provided by a community central blood bank;

~~(ii)~~ Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;

~~(iii)~~ Cerebrospinal fluid, cell count, white blood cell differential, protein, glucose, gram stain, and antigen testing when appropriate;

~~(iv)~~ Coagulation studies;

~~(v)~~ Blood gas/pH analysis; and

~~(vi)~~ Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures.

~~(vii)~~ For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.

(K) **Social services.** Social services ~~shall be~~ are available and provided ~~as required~~ in accordance with Subchapter 31 of this Chapter.

(L) **Respiratory therapy.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be~~ are available ~~twenty four (24) 24~~ hours a day. ~~Respiratory therapy services shall comply and in accordance~~ with OAC 310:667-23-6.

(M) **Rehabilitation services.**

- (i) The hospital ~~shall provide~~ provides rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically ill patient; or

- (ii) ~~If the hospital does not meet the requirements at OAC 310:667-59-21(e)(1)(M)(i) it is unable to satisfy (i) of this subparagraph, then shall it must~~ have a written transfer agreement with a hospital which meets the requirements of Subchapter 35 of this Chapter ~~and is capable of providing rehabilitation services in a rehabilitation center with a staff of personnel trained in rehabilitation care and equipped properly for acute care of the critically ill patient.~~
- (2) **Personnel.**
- (A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.
- (B) **Neurology services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide neurologic and/or neurosurgical care as neurology services director.
- (C) **Physician qualifications.**
- (i) ~~Physician members of the neurology service shall be~~ All physicians of the neurology service and neurosurgical service are board certified, board eligible, or residency trained in neurology.
- (ii) ~~Physician members of the neurosurgical service shall be board certified, board eligible, or residency trained in neurosurgery.~~
- (3) **Supplies and equipment.**
- (A) **Emergency department.** In addition to ~~the requirements at OAC 310:667-59-19(d)(3), the hospital shall have~~ has the following equipment and supplies on site, functional, and immediately available:
- (i) ~~Equipment to perform electroencephalographic (EEG) testing~~ All the emergency department equipment and supplies listed for Level II classification set forth in (b)(3) of this Section;
- (ii) Seizure control agents;
- (iii) ~~Thiamine and glucose for intravenous administration;~~
- (iv) ~~Antipyretics and procedures for reducing body temperature when necessary;~~
- (v) ~~Sterile procedure trays for:~~
- (I) ~~Lumbar puncture and measurement of intracranial pressure;~~
- (II) ~~Gastric lavage and administration of activated charcoal; and~~
- (III)(iii) Emergency burr hole as part of the sterile procedure tray; and
- (vi) ~~Agents to manage increased intracranial pressure including:~~
- (I) ~~Osmotic diuretics such as mannitol;~~
- (II) ~~Loop diuretics such as furosemide; and~~
- (III) ~~Corticosteroids when appropriate.~~
- (vii) ~~Drugs to manage migraine headache such as sumatriptin, ergotic agents, antinauseants, narcotic analgesics, etc.;~~
- (viii) ~~Thrombolytic agents for treatment of acute nonhemorrhagic stroke; and~~
- (ix)(iv) Equipment to monitor intracranial pressure.
- (B) **Operating suite.** The operating suite ~~shall have~~ has the following supplies and equipment on site, functional and available for use:
- (i) Cardiopulmonary bypass capability;
- (ii) Operating microscope;
- (iii) Thermal control equipment for patients and infusion of blood, blood products, and other fluids;
- (iv) X-ray capability including c-arm intensifier;
- (v) Endoscopes;
- (vi) Craniotomy instruments; and
- (vii) Equipment for the continuous monitoring of intracranial pressure.
- (C) **Post-anesthesia recovery unit.** The post-anesthesia recovery unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:

- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
 - (ii) Equipment for the continuous monitoring of intracranial pressure;
 - (iii) Pulse oximetry;
 - (iv) End-tidal CO2 determination; and
 - (v) Thermal control equipment for patients and infusion of blood, blood products, and other fluids.
- (D) **Intensive care unit.** The intensive care unit ~~shall have~~ has the following supplies and equipment on site, functional, and available for use:
- (i) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
 - (ii) Equipment for the continuous monitoring of intracranial pressure;
 - (iii) Cardiopulmonary resuscitation cart;
 - (iv) Electrocardiograph-oscilloscope-defibrillator-pacer; and
 - (v) Sterile surgical sets for:
 - (I) Airway control/cricothyrotomy;
 - (II) Thoracotomy;
 - (III) Vascular access; and
 - (IV) Chest decompression.

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. The policies on transfers are set forth in (a)(4)(A) of this Section (relating to agreements and policies on transfers).~~

310:667-59-23. Classification of emergency psychiatric services

(a) **Level III.** ~~A Level III facility shall provide~~ hospital provides emergency medical services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an~~ Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic, ~~as defined in OAC 310:641-7, level emergency medical technician on site twenty four (24) 24 hours a day. A hospital shall~~ must be classified at Level III for emergency psychiatric services if it meets the following requirements ~~complies with all of this subsection:~~

(1) **Clinical services and resources.** ~~No diagnostic~~ Diagnostic, surgical, or medical specialty services are not required.

(2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an~~ Intermediate, Advanced Emergency Medical Technician (AEMT), or paramedic ~~level emergency medical technician shall be, as defined in OAC 310:641-1-7, is~~ on site ~~twenty four (24) 24~~ hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic level emergency medical technician, ~~then~~ at least one of the practitioners on duty ~~shall have~~ has received training in advanced life support techniques and ~~be deemed is~~ is competent to initiate treatment of the emergency patient.

(A) ~~If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~

(B) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~

(C) ~~If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~

~~(D) If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Outpatient psychiatric resources.** The hospital ~~shall maintain~~ maintains a current list of outpatient psychiatric resources available within the community or region and make appropriate referrals for patients who do not require emergency inpatient psychiatric treatment.

(4) **Supplies and equipment.** In addition to ~~the requirements at OAC 310:667-59-9(a)(3),~~ the hospital ~~shall have~~ has the following equipment and supplies on site, functional, and immediately available:

(A) Psychotropic medications appropriate for treating psychiatric emergencies including benzodiazepines such as lorazepam and neuroleptics such as haloperidol; and

(B) Thiamine and glucose for intravenous administration.

(5) **Agreements and policies on transfers.**

(A) The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which~~ that may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.

(B) The ~~facility shall have~~ hospital has a written agreement with a hospital, or board certified, board eligible, or residency trained psychiatrist, or group of psychiatrists to provide immediate consultative services for psychiatric patients ~~twenty four (24)~~ 24 hours a day. ~~Such~~ These services ~~shall~~ include providing instructions for the initiation of appropriate therapy and/or patient transfer.

(b) **Level II.** A Level II ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level II for emergency psychiatric services if it ~~meets~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent psychiatric patient and credentialed by the hospital to provide emergency medical services and nursing personnel ~~shall be~~ are on site ~~twenty four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(B) **Outpatient psychiatric resources.** The hospital ~~shall maintain a current list of outpatient psychiatric resources available within the community or region and make appropriate referrals for patients who do not require emergency inpatient psychiatric treatment.~~ A Level II hospital is subject to the same outpatient psychiatric resources requirements as a Level III hospital set forth in (a)(3) of this Section.

(C) **Diagnostic imaging.** The hospital ~~shall have~~ hospital's diagnostic x-ray services are available ~~twenty four (24)~~ 24 hours a day. A radiologic technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(ii) ~~For a hospital licensed as a critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(D) **Clinical laboratory service.** The hospital ~~shall have~~ hospital's clinical laboratory services are available ~~twenty four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services~~ that are available on an

emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:

- (i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
- (ii) Coagulation studies;
- (iii) Blood gas/pH analysis;
- (iv) Therapeutic drug monitoring;
- (v) Drug and alcohol screening; and
- (vi) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; ~~and~~
- ~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- ~~(viii) For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~

(2) **Personnel.**

(A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(B) **Psychiatrist.** A physician board certified, board eligible, or residency trained in psychiatry ~~shall be~~ is available for consultation on site or immediately available by telephone or other electronic means ~~twenty-four (24)~~ 24 hours a day.

(3) **Supplies and equipment.** In addition to the requirements at OAC 310:667-59-9(a)(3), the hospital ~~shall have~~ has the following equipment and supplies on site, functional, and immediately available:

- (A) Equipment to perform electroencephalographic (EEG) testing;
- (B) Psychotropic medications appropriate to deal with psychiatric emergencies including benzodiazepines such as lorazepam and neuroleptics such as haloperidol; and
- (C) Thiamine and glucose for intravenous administration.

(4) **Agreements and policies on transfers.**

~~(A) The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility.~~

~~(B) The facility shall have a written agreement with a hospital, or board certified, board eligible, or residency trained psychiatrist, or group of psychiatrists to provide immediate consultative services for psychiatric patients twenty-four (24) hours a day. Such services shall include providing instructions for the initiation of appropriate therapy and/or patient transfer. A Level II hospital is subject to the same agreements and policies on transfers requirements as a Level III hospital set forth in (a)(5) of this Section.~~

(c) **Level I.** A Level I facility ~~shall provide~~ hospital provides emergency medical services with organized emergency and psychiatry departments. A physician and nursing staff with special capability in psychiatric care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. The facility ~~shall have~~ has the capability to provide immediate emergency inpatient psychiatric treatment ~~twenty-four (24)~~ 24 hours a day. A hospital ~~shall~~ must be classified at Level I for emergency psychiatric services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent psychiatric patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in psychiatric care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. Emergency room personnel ~~shall be provided with~~ have received training on the facility's policies and procedures related to psychiatric patients including those for the use of

physical and chemical restraints and seclusion, obtaining informed consent for psychotropic medications, suicide precautions, patient right to refuse treatment and the duty to protect, Emergency Order of Detention and commitment procedures, and determining a patient's legal status. For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.

(B) **Psychiatry.** The facility shall have hospital has an organized psychiatric service with appropriately credentialed physicians immediately available ~~twenty-four (24)~~ 24 hours a day. Physician members of the psychiatric service shall ~~be~~ are board certified, board eligible, or residency trained in psychiatry. On call physicians shall ~~will~~ respond as required by the hospital's policy.

(C) **Outpatient psychiatric resources.** The hospital shall ~~maintain~~ maintains a current list of outpatient psychiatric resources available within the community or region and make appropriate referrals and follow-ups for patients who do not require emergency inpatient psychiatric treatment.

(D) **Inpatient psychiatric services.** All inpatient psychiatric services shall ~~be~~ are provided under the direction of a physician director of inpatient psychiatric services and shall ~~comply in~~ compliance with Subchapter 33 of this Chapter.

(E) **Diagnostic Imaging.** The hospital shall have hospital's diagnostic x-ray and computed tomography services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist and computerized tomography technologist shall ~~be~~ are on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service shall ~~provide at least the following services~~ include:

(i) Computed tomography;

(ii) Magnetic resonance imaging; and

(iii) Neuroradiology.

~~(iv) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~

(F) **Clinical laboratory service.** The hospital shall have clinical laboratory services available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. At least the following shall be available:

~~(i) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;~~

~~(ii) Coagulation studies;~~

~~(iii) Blood gas/pH analysis; and~~

~~(iv) Therapeutic drug monitoring;~~

~~(v) Drug and alcohol screening; and~~

~~(vi) Comprehensive microbiology services or at least appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~

~~(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same clinical laboratory service requirements as a Level II hospital set forth in (b)(1)(D) of this Section.~~

(G) **Social services.** Social services shall ~~be~~ are available and provided ~~as required in~~ accordance with Subchapter 31 of this Chapter.

(2) **Personnel.**

- (A) **Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.
 - (B) **Psychiatric services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide psychiatric care as psychiatric services director.
 - (C) **Psychiatric nursing services director.** A registered nurse with experience in psychiatric nursing ~~shall be~~ is responsible for psychiatric nursing service administration.
 - (D) **Physician qualifications.** Physician members of the psychiatry service ~~shall be~~ are board certified, board eligible, or residency trained in psychiatry.
- (3) **Supplies and equipment: Emergency department.** ~~In addition to the requirements at OAC 310:667-59-19(d)(3), the hospital shall have the following equipment and supplies on site, functional, and immediately available:~~
- ~~(A) Equipment to perform electroencephalographic (EEG) testing;~~
 - ~~(B) Psychotropic medications appropriate to deal with psychiatric emergencies including benzodiazepines such as lorazepam and neuroleptics such as haloperidol; and~~
 - ~~(C) Thiamine and glucose for intravenous administration. A Level I hospital is subject to the same supplies and equipment requirements as a Level II hospital set forth in (b)(3) of this Section.~~
- (4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. The policies on transfers are in (a)(5)(A) of this Section (relating to policies on transfers).~~

310:667-59-25. Classification of emergency general medicine services

(a) **Level IV.** A Level IV ~~facility shall provide~~ hospital provides emergency medical services with at least a licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an Intermediate, Advanced Emergency Medical Technician (AEMT) or paramedic level emergency medical technician,~~ as defined in OAC 310:641-1-7, on site twenty four (24) 24 hours a day. A hospital shall must be classified at Level IV for emergency general medicine services if it meets the following requirements complies with all of this subsection:

- (1) **Clinical services and resources.** ~~No diagnostic~~ Diagnostic, surgical, or medical specialty services are not required.
- (2) **Personnel.** A physician, licensed independent practitioner, registered nurse, licensed practical nurse, or ~~intermediate an Intermediate, Advanced Emergency Medical Technician (AEMT) or paramedic level emergency medical technician shall be,~~ as defined in OAC 310:641-1-7, is on site twenty four (24) 24 hours a day. In the absence of a physician, licensed independent practitioner, registered nurse, or paramedic level emergency medical technician, then at least one of the practitioners on duty shall have has received training in advanced life support techniques and be deemed is competent to initiate treatment of the emergency patient.
- ~~(A) If the facility is licensed as a General Medical Surgical Hospital it shall also meet the personnel and staffing requirements at OAC 310:667-29-1 and any other applicable parts of this Chapter.~~
- ~~(B) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Psychiatric, it shall also meet the personnel and staffing requirements at OAC 310:667-33-2 and any other applicable parts of this Chapter.~~
- ~~(C) If the facility provides emergency medical services and is licensed as a Specialized Hospital: Rehabilitation, it shall also meet the personnel and staffing requirements at OAC 310:667-35-3 and any other applicable parts of this Chapter.~~
- ~~(D) If the facility provides emergency medical services and is licensed as a Critical Access Hospital, it shall also meet the personnel and staffing requirements at OAC 310:667-39-14 and any other applicable parts of this Chapter.~~

(3) **Supplies and equipment.** The hospital ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and immediately available, including at least the items specified in OAC 310:667-59-9(a)(3)

(4) **Policies on transfers.** The hospital ~~shall have~~ has written policies defining the medical conditions and circumstances for ~~those~~ emergency patients ~~which~~ that may be retained for treatment in-house, and for those ~~who require~~ requiring stabilizing treatment and transfer to another ~~facility~~ hospital.

(b) **Level III.** A Level III ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff with special capability in emergency care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. General surgery and anesthesiology services ~~shall be~~ are available either on duty or on call. A hospital ~~shall~~ must be classified at Level III for emergency general medicine services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the critically injured and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in emergency care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day.

(i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(ii) ~~For a hospital licensed as a critical access hospital, emergency services shall also comply with OAC 310:667-39-14.~~

(B) **General surgery.** A board certified, board eligible, or residency trained general surgeon ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department. ~~For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2.~~

(C) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24)~~ 24 hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(D) **Internal medicine.** A physician board certified, board eligible, or residency trained in internal medicine ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department.

(E) **Other specialties.** The hospital ~~shall also have services from~~ the following ~~specialties~~ specialty services on call and promptly available:

(i) Family/general medicine;

(ii) Pathology; and

(iii) Radiology.

(F) **Operating suite.** An operating suite with thermal control equipment for patients and infusion of blood and fluids ~~shall be~~ is available ~~twenty-four (24)~~ 24 hours a day.

(G) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with and the~~ and the nursing personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care. ~~The post-anesthesia recovery unit shall be equipped as required by OAC 310:667-59-9(b)(3)(B).~~

(H) **Intensive care unit.** The hospital ~~shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

(i) Compliance with OAC 310:667-15-7 with a;

(ii) A registered nurse on duty in the intensive care unit whenever the unit has a patient(s). A when it has a patient;

(iii) A registered nurse shall be on call and immediately available when no patients are in the unit. does not have a patient. The hospital shall define and document in writing the;

- (iv) ~~Written~~ minimum staffing requirements for the intensive care unit, ~~and shall monitor compliance with these~~ These staffing requirements are monitored through the quality improvement program; ~~and~~
- (v) ~~The intensive care unit shall be equipped as required by~~ The equipment listed in OAC 310:667-59-9(b)(3)(C).
- (I) **Diagnostic imaging.** ~~The hospital shall have~~ hospital's diagnostic x-ray services are available ~~twenty-four (24)~~ 24 hours a day. A radiology technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day.
- (i) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- (ii) ~~For a hospital licensed as critical access hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~
- (J) **Clinical laboratory service.** ~~The hospital shall have~~ hospital's clinical laboratory services are available ~~twenty-four (24)~~ 24 hours a day. All or part of these services may be provided by arrangements with certified reference laboratories ~~provided these services that~~ are available on an emergency basis ~~twenty-four (24)~~ 24 hours a day. ~~At least the following shall be available~~ These services include:
- (i) Comprehensive immunohematology services including blood typing and compatibility testing;
- (ii) A supply of blood and blood products ~~shall be on hand that is properly stored and~~ adequate to meet expected patient needs;
- (iii) All blood and blood products ~~shall be~~ are properly stored. ~~The hospital shall have access to services provided by a community central blood bank;~~
- (iv) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;
- (iii)(v) Coagulation studies;
- (iv)(vi) Blood gas/pH analysis;
- (v)(vii) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and
- (vi)(viii) Drug and alcohol screening.
- (vii) ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.~~
- (viii) ~~For a hospital licensed as a critical access hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 39 of this Chapter.~~
- (K) **Social services.** Social services ~~shall be~~ are available and provided ~~as required in~~ accordance with Subchapter 31 of this Chapter.
- (2) **Personnel: Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency ~~medical~~ medical care as emergency services director. The emergency services director may serve as the trauma service director.
- (3) **Supplies and equipment: Emergency department.** The emergency department ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and available in the emergency department, including at least the items specified in OAC 310:667-59-9(b)(3)(A).
- (4) **Policies on transfers.** ~~The hospital shall have~~ has written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment ~~in-house, and for those who require stabilizing treatment and transfer to another facility.~~ A Level III hospital is subject to the same policies on transfers requirements as a Level IV hospital set forth in (a)(4) of this Section.

(5) **Organ Procurement.** The hospital, in association with an organ procurement organization certified by the CMS, ~~shall develop~~ has policies and procedures to identify and refer potential organ donors.

(c) **Level II.** ~~A facility providing Level II hospital provides~~ Level II hospital provides emergency medical services with an organized emergency department. A physician and nursing staff with special capability in emergency care ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day. General surgery and anesthesiology services ~~shall be~~ are available on site or on call ~~twenty-four (24)~~ 24 hours a day. Services from an extensive group of clinical specialties including infectious disease, internal medicine, nephrology, and orthopedics ~~shall be~~ are promptly available on call. A hospital ~~shall~~ must be classified at Level II for emergency general medicine services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** A physician ~~deemed~~ competent in the care of the emergent patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in emergency care ~~shall be~~ are on site ~~twenty-four (24)~~ 24 hours a day. ~~For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2.~~

(B) **General surgery.** ~~A board certified, board eligible, or residency trained general surgeon shall be on call twenty-four (24) hours a day and promptly available in the emergency department. For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2. A Level II hospital is subject to the same general surgery requirements as a Level III hospital set forth in (b)(1)(B) of this Section.~~

(C) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24)~~ 24 hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(D) **Internal medicine.** A physician board certified, board eligible, or residency trained in internal medicine ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department.

(E) **Other specialties.** The hospital ~~shall also have services from~~ has the following specialties specialty services on call and promptly available:

- (i) Cardiology;
- (ii) Family/general medicine;
- (iii) Infectious disease.
- (iv) Neurology;
- (v) Obstetrics/gynecology;
- (vi) Ophthalmology;
- (vii) Orthopedics;
- (viii) Otolaryngology;
- (ix) Pathology;
- (x) Pediatrics;
- (xi) Psychiatry;
- (xii) Pulmonary medicine;
- (xiii) Radiology; ~~and~~
- (xiv) Urology;
- (xv) Nephrology.

(F) **Operating suite.** An operating suite with adequate staff and equipment ~~shall be~~ is immediately available ~~twenty-four (24)~~ 24 hours a day. The hospital ~~shall define~~ defines and ~~document~~ documents in writing the minimum staffing requirements for the operating suite. The operating room ~~shall be~~ is equipped ~~as required by~~ in accordance with OAC 310:667-59-9(c)(3)(B). An on call schedule for emergency replacement staff ~~shall be~~ is maintained.

(G) **Post-anesthesia recovery unit.** The hospital ~~shall have~~ has a post-anesthesia recovery room or intensive care unit that is in compliance with OAC 310:667-15-7 ~~with~~ and the nursing

personnel and anesthesia services ~~remaining~~ remain in the unit until the patient is discharged from post-anesthesia care. The post-anesthesia recovery unit ~~shall be~~ is equipped as required by in accordance with OAC 310:667-59-9(c)(3)(C).

(H) **Intensive care unit.** ~~The hospital shall have an~~ hospital's intensive care unit ~~in compliance~~ includes:

~~(i) Compliance with OAC 310:667-15-7 with a;~~

~~(ii) A~~ registered nurse on duty in the intensive care unit whenever ~~the unit has a patient(s). A~~ it has a patient;

~~(iii) A~~ registered nurse ~~shall be~~ on call and immediately available when ~~no patients are in the~~ unit. The hospital shall define and document in writing the ~~does not have a patient;~~

~~(iv) Written~~ minimum staffing requirements for the intensive care unit, ~~and shall monitor~~ compliance with these ~~These staffing requirements are monitored through the quality~~ improvement program. The intensive care unit shall be equipped as required by; and

~~(v) Equipment in accordance with OAC 310:667-59-9(c)(3)(D).~~

(I) **Diagnostic Imaging.** ~~The hospital shall have~~ hospital's diagnostic x-ray services are available ~~twenty-four (24)~~ 24 hours a day. A radiologic technologist and computerized tomography technologist ~~shall be~~ is on duty or on call and immediately available ~~twenty-four (24)~~ 24 hours a day. A single technologist designated as qualified by the radiologist in both diagnostic x-ray and computerized tomography procedures ~~by the radiologist~~ may be used to meet this requirement if an on call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging ~~service shall provide at least the following~~ services include:

(i) Angiography;

(ii) Ultrasonography;

(iii) Computed tomography;

(iv) Magnetic resonance imaging;

(v) Neuroradiology; and

(vi) Nuclear medicine imaging.

(vii) For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter.

(J) **Clinical laboratory service.** ~~The hospital shall have clinical laboratory services available~~ twenty-four (24) hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis ~~twenty-four (24) hours a day. At least the following shall be available:~~

~~(i) Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank;~~

~~(ii) Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;~~

~~(iii) Coagulation studies;~~

~~(iv) Blood gas/pH analysis; and~~

~~(v) Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~

~~(vi) Drug and alcohol screening.~~

~~(vii) For a hospital licensed as general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level II hospital is subject to the same clinical laboratory requirements as a Level III hospital set forth in (b)(1)(J) of this Section.~~

(K) **Respiratory therapy.** Routine respiratory therapy procedures and mechanical ventilators ~~shall be~~ are available ~~twenty-four (24)~~ 24 hours a day. Respiratory therapy services ~~shall comply with~~ are in accordance with OAC 310:667-23-6.

(L) **Social services.** Social services ~~shall be~~ are available and provided ~~as required~~ in accordance with Subchapter 31 of this Chapter.

(2) **Personnel: Emergency services director.** The medical staff ~~shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.

(3) **Supplies and equipment: Emergency department.** The emergency department ~~shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and available in the emergency department, including ~~at least~~ the items specified in OAC 310:667-59-9(c)(3)(A).

(4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in house, and for those who require stabilizing treatment and transfer to another facility. A Level II hospital is subject to the same policies on transfers requirements as a Level IV hospital set forth in (a)(4) of this Section.~~

(5) **Organ Procurement.** The hospital, in association with an organ procurement organization certified by CMS, ~~shall develop~~ has policies and procedures to identify and refer potential organ donors.

(d) **Level I.** A Level I ~~facility shall provide~~ hospital provides emergency medical services with an organized emergency department. A physician and nursing staff with special capability in emergency care ~~shall be~~ is on site ~~twenty-four (24)~~ 24 hours a day. General surgery and anesthesiology services ~~shall be~~ are available on site or on call ~~twenty-four (24)~~ 24 hours a day. Additional clinical services and specialties such as nuclear diagnostic imaging, dermatology, endocrinology, and hematology/oncology specialists ~~shall~~ are also be promptly available. A hospital ~~shall~~ must be classified at Level I for emergency general medicine services if it ~~meets the following requirements~~ complies with all of this subsection:

(1) **Clinical services and resources.**

(A) **Emergency services.** ~~A physician deemed competent in the care of the emergent patient and credentialed by the hospital to provide emergency medical services and nursing personnel with special capability in emergency care shall be on site twenty-four (24) hours a day. For a hospital licensed as a general medical surgical hospital or specialty hospital, emergency services shall also comply with the requirements of OAC 310:667-29-1 through OAC 310:667-29-2. A Level I hospital is subject to the same emergency services requirements as a Level II hospital set forth in (c)(1)(A) of this Section.~~

(B) **General surgery.** A board certified, board eligible, or residency trained general surgeon ~~shall be on call twenty-four (24) hours a day and promptly available in the emergency department. For a hospital licensed as a general medical surgical hospital, surgical services shall also comply with the requirements of OAC 310:667-25-1 through OAC 310:667-25-2. A Level I hospital is subject to the same general surgery requirements as a Level III hospital as set forth in (b)(1)(B) of this Section.~~

(C) **Anesthesia.** Anesthesia services ~~shall be~~ are on call ~~twenty-four (24)~~ 24 hours a day, promptly available, and administered ~~as required~~ in accordance with OAC 310:667-25-2.

(D) **Internal medicine.** A physician board certified, board eligible, or residency trained in internal medicine ~~shall be~~ is on call ~~twenty-four (24)~~ 24 hours a day and promptly available in the emergency department.

(E) **Other specialties.** The hospital ~~shall also have services from~~ has the following specialties specialty services on call and promptly available:

(i) ~~Cardiology~~ All the specialty services listed for Level II classification [see (c)(1)(E) in this Section];

(ii) Critical care medicine;

(iii) Dermatology;

(iv) Emergency medicine;

- (v) Endocrinology;
- (vi) Family/general medicine;
- ~~(vii)~~ Gastroenterology;
- ~~(viii)~~(vii) Hematology/oncology; and
- ~~(ix)~~ Infectious disease;
- (x) Nephrology;
- ~~(xi)~~ Neurology;
- ~~(xii)~~ Obstetrics/gynecology;
- ~~(xiii)~~ Ophthalmology;
- ~~(xiv)~~ Orthopedies;
- ~~(xv)~~ Otolaryngology;
- ~~(xvi)~~ Pathology;
- ~~(xvii)~~ Pediatrics;
- ~~(xviii)~~ Psychiatry;
- ~~(xix)~~ Pulmonary medicine
- ~~(xx)~~ Radiology;
- ~~(xxi)~~(viii) Rheumatology; and
- ~~(xxii)~~ Urology.

(F) **Operating suite.** ~~An operating suite with adequate staff and equipment shall be immediately available twenty four (24) hours a day. The hospital shall define and document in writing the minimum staffing requirements for the operating suite. The operating room shall be equipped as required by OAC 310:667-59-9(d)(3)(B). An on call schedule for emergency replacement staff shall be maintained. A Level I hospital is subject to the same operating suite requirements as a Level II hospital set forth in (c)(1)(F) of this Section.~~

(G) **Post-anesthesia recovery unit.** ~~The hospital shall have a post anesthesia recovery room or intensive care unit in compliance with OAC 310:667-15-7 with nursing personnel and anesthesia services remaining in the unit until the patient is discharged from post anesthesia care. The post-anesthesia recovery unit shall be equipped as required by OAC 310:667-59-9(d)(3)(C). A Level I hospital is subject to the same post-anesthesia recovery unit requirements as a Level II hospital set forth in (c)(1)(G) of this Section.~~

(H) **Intensive care unit.** ~~The hospital shall have an intensive care unit in compliance with OAC 310:667-15-7 with a registered nurse on duty in the intensive care unit whenever the unit has a patient(s). A registered nurse shall be on call and immediately available when no patients are in the unit. The hospital shall define and document in writing the minimum staffing requirements for the intensive care unit and shall monitor compliance with these requirements through the quality improvement program. The intensive care unit shall be equipped as required by OAC 310:667-59-9(d)(3)(D). A Level I hospital is subject to the same intensive care unit requirements as a Level II hospital set forth in (c)(1)(H) of this Section. A Additionally, a physician with privileges in critical care ~~shall be~~ is on duty in the unit or immediately available in the hospital ~~twenty four (24)~~ 24 hours a day.~~

(I) **Diagnostic Imaging.** ~~The hospital shall have diagnostic x-ray services available twenty four (24) hours a day. A radiologic technologist and computerized tomography technologist shall be on duty or on call and immediately available twenty four (24) hours a day. A single technologist designated as qualified in both diagnostic x-ray and computerized tomography procedures by the radiologist may be used to meet this requirement if an on-call schedule of additional diagnostic imaging personnel is maintained. The diagnostic imaging service shall provide at least the following services:~~

- ~~(i)~~ Angiography;
- ~~(ii)~~ Ultrasonography;
- ~~(iii)~~ Computed tomography;
- ~~(iv)~~ Magnetic resonance imaging;

- ~~(v) —Neuroradiology; and~~
 - ~~(vi) —Nuclear medicine imaging.~~
 - ~~(vii) —For a hospital licensed as a general medical surgical hospital or specialty hospital, diagnostic imaging services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same diagnostic imaging requirements as a Level II hospital set forth in (c)(1)(I) of this Section.~~
- (J) **Clinical laboratory service.** ~~The hospital shall have clinical laboratory services available twenty four (24) hours a day. All or part of these services may be provided by arrangements with certified reference laboratories provided these services are available on an emergency basis twenty four (24) hours a day. At least the following shall be available:~~
- ~~(i) —Comprehensive immunohematology services including blood typing and compatibility testing. A supply of blood and blood products shall be on hand and adequate to meet expected patient needs. All blood and blood products shall be properly stored. The hospital shall have access to services provided by a community central blood bank;~~
 - ~~(ii) —Standard analysis of blood, urine, and other body fluids to include routine chemistry and hematology testing;~~
 - ~~(iii) —Coagulation studies;~~
 - ~~(iv) —Blood gas/pH analysis;~~
 - ~~(v) —Comprehensive microbiology services or appropriate supplies for the collection, preservation, and transport of clinical specimens for aerobic and anaerobic bacterial, mycobacterial, and fungus cultures; and~~
 - ~~(vi) —Drug and alcohol screening.~~
 - ~~(vii) —For a hospital licensed as a general medical surgical hospital or specialty hospital, clinical laboratory services shall also comply with the applicable requirements in Subchapter 23 of this Chapter. A Level I hospital is subject to the same clinical laboratory requirements as a Level III hospital set forth in (b)(1)(J) of this Section.~~
- (K) **Respiratory therapy.** ~~Routine respiratory therapy procedures and mechanical ventilators shall be~~ are available ~~twenty four (24) 24~~ hours a day. Respiratory therapy services ~~shall comply with~~ are in accordance with OAC 310:667-23-6.
- (L) **Acute hemodialysis.** ~~The hospital shall have~~ has the capability to provide acute hemodialysis services ~~twenty four (24) 24~~ hours a day. All staff providing hemodialysis patient care ~~shall~~ have documented hemodialysis training and experience.
- (M) **Social services.** ~~Social services shall be~~ are available and ~~provided as required in~~ accordance Subchapter 31 of this Chapter.
- (2) **Personnel: Emergency services director.** ~~The medical staff shall designate~~ designates a physician credentialed to provide emergency medical care as emergency services director.
- (3) **Supplies and equipment: Emergency department.** ~~The emergency department shall have~~ has equipment for use in the resuscitation of patients of all ages on site, functional, and available in the emergency department, including ~~at least~~ the items specified in OAC 310:667-59-9(d)(3)(A).
- (4) **Policies on transfers.** ~~The hospital shall have written policies defining the medical conditions and circumstances for those emergency patients which may be retained for treatment in-house, and for those who require stabilizing treatment and transfer to another facility. A Level I hospital is subject to the same policies on transfers requirements as a Level IV hospital set forth in (a)(4) of this Section.~~
- (5) **Organ Procurement.** ~~The hospital, in association with an organ procurement organization certified by CMS, shall develop~~ has policies and procedures to identify and refer potential organ donors.