

**Sec. 19a-495-6d. Administration**

(a) The governing authority shall appoint a full-time administrator, who possesses:

(1) A master's degree in nursing with an active license to practice nursing in this state and not less than one year of supervisory or administrative experience in a health care facility program which included care of the sick;

(2) A master's degree in public health or administration with a concentration of study in health services administration or social work, and not less than one year of supervisory or administrative experience in a health care facility or program which included care of the sick;

(3) A baccalaureate degree in nursing or a related field with an active license to practice nursing in this state and not less than two years supervisory or administrative experience in a health care facility or program which included care of the sick;

(4) A baccalaureate degree in administration with a concentration of study in health services administration and not less than two years supervisory or administrative experience in a health care facility or program which included care of the sick; or

(5) A license to practice medicine in accordance with chapter 370 of the Connecticut General Statutes and not less than one year supervisory or administrative experience in a health care facility or program which included care of the sick.

(b) The administrator shall:

(1) Implement the bylaws, rules, policies and programs adopted by the governing authority;

(2) Coordinate the activities between the governing authority and the professional staff;

(3) Ensure the hospice inpatient facility's compliance with all local, state and federal laws and regulations that may apply to programs in which the facility participates;

(4) Ensure that there are sufficient qualified staff and services available to meet the needs of patients at all times; and

(5) Obtain a criminal history and patient abuse background search pursuant to section 19a-491c of the Connecticut General Statutes for all employees and volunteers that have direct patient contact or access to patient records within three months from the date of employment for all states the employee has lived or worked in for the past three years; and shall ensure all contractors obtain the same for staff providing direct patient services.

(c) The administrator, with the approval of the governing authority, shall appoint a medical director who is licensed as a physician, with experience and training in hospice care. The medical director shall be designated by the hospice inpatient facility and be responsible for the coordination and oversight of medical services provided by the hospice inpatient facility.

(1) The medical director shall have the responsibility for:

(A) Coordination and oversight of medical care and services provided;

(B) Ensuring and maintaining quality standards of professional practice;

(C) Implementation of patient care policies;

(D) The achievement and maintenance of quality assurance of professional practices through a mechanism for the assessment of patient and family care outcomes;

(E) Ensuring completion of health care worker screening and immunization requirements;

- (F) Certification of patients admitted to the program;
  - (G) Participation as a member of the interdisciplinary team, in the development, implementation and assessment of patient centered plans of care;
  - (H) Consulting with licensed independent professionals regarding patient care plans; and
  - (I) Identifying a designee who is a licensed independent practitioner. The designee shall assume the same responsibilities and obligations as the medical director when the medical director is temporarily not available.
    - (2) The medical director shall be available for consultation on a twenty-four hour basis and shall be on site at the hospice inpatient facility a sufficient number of hours to meet the responsibilities described in subparagraphs (1) (A) to (1) (I), inclusive of this subsection.
- (d) The administrator shall appoint a full-time director of nurses who is licensed as a registered nurse and possesses a baccalaureate degree in nursing with coursework or experience in hospice care. The director of nurses shall have the following qualifications:
- (1) A master's degree from a program approved by the Commission on Collegiate Nursing Education or the American Public Health Association with not less than two years' full-time clinical experience or community health program; or
  - (2) Not less than three years of full-time clinical experience in nursing, at least two of which were in a hospice, home health agency or community health program.
- (e) The director of nurses shall be responsible for the overall hospice inpatient facility's nursing services, which shall include:
- (1) Coordination of professional and non-professional nursing services provided;
  - (2) Ensuring and maintaining quality standards of professional practice;
  - (3) Development and implementation of patient care policies;
  - (4) Participation in the development and implementation of the patient centered plans of care;
  - (5) Consulting with other interdisciplinary team members regarding patient care; and
  - (6) Development and implementation of the hospice inpatient facility infection control and hospice inpatient facility safety policies.
- (f) Except for a hospice inpatient facility with twelve licensed beds or less, the administrator shall not serve as the director of nurses.
- (g) There shall be a written agreement for the provision of services if provided by a contractor and not directly by the licensee. The Commissioner shall have access to the records of the contractor related to performance of the agreement and the provision of services. The agreement shall clearly delineate the responsibilities of the contractor and licensee and shall include but not be limited to the following provisions:
- (1) A stipulation that services may be provided only with the express authorization of the licensee;
  - (2) A stipulation that the licensee is responsible for the admission of patients;
  - (3) Identification of services to be provided by the contractor that shall be within the scope and limitations set forth in the patient centered plan of care and shall not be altered by the contractor in type, amount, frequency or duration;
  - (4) Manner in which the contracted services are coordinated, supervised and evaluated by the governing authority of the hospice inpatient facility;

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(5) Assurance of compliance with the patient care policies of the licensed licensee;  
(6) Establishment of procedures for and frequency of patient and family care assessment;  
(7) Furnishing the patient centered plan of care to other health care facilities upon transfer of patient;

(8) Assurance that the qualifications of the personnel and services to be provided meet the requirements of sections 19a-495-6a to 19a-495m, inclusive, of the Regulations of Connecticut State Agencies, including licensure, personnel qualifications, functions, supervision, hospice training and orientation, in-service training, and attendance at case conferences;

(9) Reimbursement mechanism, charges, and terms for the renewal or termination of the agreement;

(10) Such other provisions as may be mutually agreed upon or as may be relevant and deemed necessary;

(11) Assurance that the medical record shall include a record of all services and events, and a copy of the discharge summary and, that, if requested, a copy of the medical record shall be provided to the licensee; and

(12) The party responsible for the implementation of the provisions of the agreement.

(h) The licensee shall retain responsibility for contracted services and ensure such services are rendered in accordance with accepted standards of practice and applicable law.

(i) A medical record shall be maintained for every patient who is evaluated or treated at a hospice inpatient facility. The medical records shall be:

(1) Safeguarded against loss, destruction or unauthorized use, and all entries in the patient's medical record shall be written in ink and legible. Electronic medical records shall be consistent with state and federal applicable law, policies and procedures for interoperability, privacy and security.

(2) Started at the time of admission with identification, date, and a nurse's notation of condition on admission. Within twenty-four hours of admission, the attending practitioner shall add an admission note and orders. The attending practitioner shall record the patient's complete history and physical examination within twenty-four hours of admission, unless the patient's primary provider performed the patient's last history and physical examination within the last thirty days and is following the patient. In such case, the patient's last history and physical examination shall be noted in the medical record and a copy of that history and physical examination shall become part of the medical record.

(3) Prepared accurately and entries completed promptly with sufficient information and progress notes to justify the diagnosis and warrant the treatment and palliation. Physician's orders, nurses' notes and notes from other disciplines including, but not limited to, pastoral, contractor, nurse aide and volunteers, shall be kept current in a professional manner and all entries shall be signed by the person responsible for making the order or note and such person's title.

(4) Kept confidential and secured. Written consent of the patient or the patient's representative shall be required for release of medical information or medical records unless otherwise provided by law.

(5) The records shall be filed and stored in an accessible manner and shall be kept for not less than seven years after discharge of patients, except that original medical records

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may be destroyed sooner if they are electronically preserved by a accepted mechanism for medical records.

(6) Completion of the patient's medical records shall be accomplished no later than thirty days after discharge or no later than thirty days of death.

(Effective July 31, 2012)