

**DRAFT**  
**STATEMENT OF BASIS AND PURPOSE**  
**AND SPECIFIC STATUTORY AUTHORITY FOR**

**6 CCR 1011-1, Standards for Hospitals and Health Facilities**  
**Chapter XVIII - Psychiatric Hospitals**  
*Chapter Reorganization and Comprehensive Revision*

*January 27, 2011*

**Basis and Purpose**

The proposed regulatory amendments to Chapter XVIII completely reorganize the chapter and substitute many of its standards with standards established in Chapter IV - General Hospitals for issues ranging from housekeeping to pharmaceutical services. The basis for cross referencing to Chapter IV is the creation of parallel requirements for similar services/departments across hospital types. In other words, standards for issues ranging from housekeeping to pharmaceutical services will be the same for psychiatric and general hospitals. In addition, other amendments were made to more closely align the standards with current psychiatric care practices. The existing standards have not undergone comprehensive revisions for 40 years.

**Specific Statutory Authority**

These rules are promulgated pursuant to Sections 25-1.5-103 and 25-3-105, C.R.S.

**Major Factual and Policy Issues Encountered**

Research regarding the proposed regulations included a review of the regulations of 12 other states and federal Medicare/Medicaid regulations.

There is precedent for cross-referencing the Chapter IV - General Hospital standards for other facility types. It is currently done for: rehabilitation hospitals, hospital units, and convalescent centers.

A summary of the proposed changes is provided in below.

Chapter XVIII - Psychiatric Hospitals		
Page	Lines	The proposal:
1	5-26	– deletes duplicative language. The existing text duplicates language under 6 CCR, Chapter II - General Licensure Standards
2	10-25	– establishes new or amends existing definitions
2 3	26-35 1-11	– renumbers the "Department Oversight" section from Part 32 to Part 3. No substantive changes
3 4 5	12-28 1-27 1-18	– renumbers the sections concerning plan review and compliance with the Life Safety Code as Part. 4. Fire Safety and Physical Plant Standards. No substantive changes
5	19-25	– authorizes the use of the 2006 American Institute of Architects (AIA) guidelines to resolve building, health and safety issues for construction initiated or systems installed on or after May

Chapter XVIII - Psychiatric Hospitals		
Page	Lines	The proposal:
		30, 2011
5	26-29	– requires psychiatric hospitals to meet the standards established under Chapter IV, Part 5 for the following services: central medical-surgical supply, housekeeping, maintenance, waste disposal and linen and laundry
5	30-32	– requires the facility to meet the standards established in Chapter IV, Part 6 for: governing board, administrative officer, and medical staff. Note that provisions pertaining to off-campus locations do not apply.
5	34-35	– requires the facility to meet the personnel services standards established in Chapter IV, Part 7
5 6	36-39 1-3	– requires the facility to have a medical record standards established under Chapter IV, Part 8 and that if a patient is transferred offsite for medical/surgical services such transfer shall be documented in the medical record
6	4-11	– requires the facility to meet the infection control standards established in Chapter IV, Part 9 and to transfer patients with communicable diseases that it cannot treat to a general hospital for appropriate treatment
6	12-15	– requires the facility to comply with the patients rights established pursuant to 6 CCR 1011-1, Chapter II, Part 6
6	16-40	– requires the facility to meet the general patient care services established in Chapter IV, Part 11 and also to : 1) identify the scope of medical/surgical services provided by the facility, 2) reflect in its admission criteria the ability to meet the acute care needs of the patient, 3) develop transfer protocols for patients whose needs cannot be met by the facility; 4) have a qualified licensed independent practitioner to examine patients who experience medical illness, 5) develop policies and procedures regarding conducting assessments to exclude medical etiology for mental illness symptoms, 6) develop a smoking policy.
7	1-6	– requires beds, bedside table and cabinets in patient bedrooms to be secured
7	7-8	– deletes the requirement for patient bedrooms to be equipped with personal equipment such as drinking glasses, carafes, and utensils as these could be used for self-injury
7	9-10	– amends the requirement for waste receptable liners to be impervious to being paper since impervious liners could be used for self-injury
7	11-12	– requires the facility to have adequate equipment if it provides medical/surgical services
7	21	– requires patient care units to be designed such that self-injury is minimized
7	25	– requires that there be no more than two patients per bedroom. (Existing requirements provide that there shall be no more than 4 patients per bedroom for new construction.)
8 8	19-21 26-28	– requires grab bars in toilet facilities to have a space between the bar and the wall to prevent a cord from being tied around it for hanging
8	39-41	– requires grab bars in bathing facilities to have a space between the bar and the wall to prevent a cord from being tied around it for hanging
9	4-5	– requires secured storage for patient effects that could be used for self-injury
9	25-27	– establishes additional requirements for seclusion rooms
10	10-11	– requires the nursing station to have a system to summon emergency assistance
11	15-16	– requires the facility to have adequate facilities to provide medical/surgical services, if such services are provided
11	19-20	– requires the facility to provide nursing services in conformance with the standards established in Chapter IV, Part 12
11	21-22	– requires the facility to provide pharmaceutical services in conformance with the standards established in Chapter IV, Part 13
11	23-25	– requires the facility to provide clinical pathology services in conformance with the standards established in Chapter IV, Part 14
11	26-28	– requires the facility to provide diagnostic imaging services in conformance with the standards established in Chapter IV, Part 15

Chapter XVIII - Psychiatric Hospitals		
Page	Lines	The proposal:
11	29-30	– requires the facility to provide dietary services in conformance with the standards established in Chapter IV, Part 16
11 12	31-34 1-3	– provides that if the facility provides anesthesia services, it must do so in conformance with the standards established in Chapter IV, Part 17 and requires facilities that provide electroconvulsive therapy to do so consistent with written policies and procedures
12 13	8-36 1-19	– requires facilities that do <u>not</u> provide outpatient psychiatric emergency services, to provide referrals to persons who inquire or present – requires facilities that <u>do</u> provide outpatient psychiatric emergency services to: 1) define the scope of services, 2) have a qualified medical director and sufficient qualified staff, 3) have written policies and procedures on issues ranging from accessing additional staff to managing patients with violent behaviors, 4) integrate these services with other services in the hospital, as appropriate, 5) have sufficient equipment and supplies to stabilize and manage patients
13	20-26	– requires the facility to outpatient services to be provided in conformance with the standards established in Chapter IV, Part 19, and requires outpatient services to develop client life skills
14	1-4	– states that if the facility provides rehabilitative services it shall do so in conformance with the standards established in Chapter IV, Part 24
14	5-7	– states that if the facility provides child and adolescent services, it shall do so in conformance with the standards established in Chapter IV, Part 25
14	8-10	– requires the facility to provide psychiatric patient services in conformance with the standards established in Part 26
15 39	All	– deletes existing standards