

**RULES  
OF  
TENNESSEE DEPARTMENT OF HEALTH  
BOARD FOR LICENSING HEALTH CARE FACILITIES**

**CHAPTER 1200-8-3  
ADMINISTRATION**

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**1200-8-3-.01 MANAGEMENT.**

- (1) through (14) Repealed.
- (15) Management Provisions Applicable Only to Critical Access Hospitals.
- (a) The facility shall enter into agreements with one or more hospitals participating in the Medicare/Medicaid programs to provide services which the Critical Access Hospital is unable to provide.
- (b) When there are no inpatients, the facility is not required to be staffed by licensed medical professionals, but must maintain a receptionist or other staff person on duty to provide emergency communications access. The hospital shall provide an effective system to ensure that a physician or a mid-level practitioner with training and experience in emergency care is on call and immediately available by telephone or radio and available on site within thirty (30) minutes, twenty-four (24) hours a day.

*Authority:* T.C.A. §§4-5-202, 4-5-204, 4-5-209, 68-11-202, 68-11-203 and 68-11-209. *Administrative History:* Original rule certified June 7, 1974. Amendment filed April 3, 1974; effective May 3, 1974. Repeal and new rule filed May 22, 1986; effective June 21, 1986. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed July 28, 1988; effective September 11, 1988. Amendment filed June 29, 1994; effective September 12, 1994. Amendment filed June 13, 1997; effective August 27, 1997. Amendment filed November 30, 1999; effective February 6, 2000. Amendment filed March 18, 2000; effective May 30, 2000.

**1200-8-3-.02 MEDICAL STAFF.**

- (1) through (6) Repealed.
- (7) (a) through (c) Repealed
- (d) Critical Access Hospital.
1. Every patient may be under the care of a physician or under the care of a practitioner supervised by a physician.
  2. Whenever a patient is admitted to the facility by a practitioner, the supervising physician shall be notified of that fact, by phone or otherwise, and within 24 hours the supervising physician shall examine the patient or before discharge if discharged within 24-hours, and a plan of care be placed in the patient's chart, unless the patient is transferred to a higher level of care within 24-hours.

(Rule 1200-8-3-.02, continued)

3. A physician, a practitioner or a registered nurse shall be on duty and physically available in the facility when there are inpatients.
4. A physician on staff shall:
  - (i) Provide medical direction to the facility's health care activities and consultation for non-physician health care providers.
  - (ii) In conjunction with the practitioner staff members, participate in developing, executing, and periodically reviewing the facility's written policies and the services provided to patients.
  - (iii) Review and sign the records of each patient admitted and treated by a practitioner no later than fifteen (15) days after the patient's discharge from the facility.
  - (iv) Provide health care services to the patients in the facility, whenever needed and/or requested.
  - (v) Prepare guidelines for the medical management of health problems, including conditions requiring medical consultation and/or patient referral.
  - (vi) At intervals no more than two (2) weeks apart, be physically present in the facility for a sufficient time to provide medical direction, medical care services, and staff consultation as required.
  - (vii) When not physically present in the facility, either be available through direct telecommunication for consultation and assistance with medical emergencies and patient referral, or ensure that another physician is available for this purpose.
  - (viii) The physical site visit for a given two week period is not required if, during that period, no inpatients have been treated in the facility.
5. A practitioner on staff shall:
  - (i) Participate in the development, execution, and periodic review of the guidelines and written policies governing treatment in the facility.
  - (ii) Participate with a physician in a review of each patient's health records.
  - (iii) Provide health care services to patients according to the facility's policies.
  - (iv) Arrange for or refer patients to needed services that are not provided at the facility.
  - (v) Assure that adequate patient health records are maintained and transferred as necessary when a patient is referred.

**Authority:** T.C.A. §§4-5-202, 4-5-209, 68-11-201 et seq., 68-11-202, 68-11-203, 68-11-209, and 68-11-303.  
**Administrative History:** Original rule certified June 7, 1974. Amendment filed November 30, 1984; effective December 30, 1984. Repeal and new rule filed May 22, 1986; effective June 21, 1986. Amendment filed January 30, 1989; effective March 16, 1989. Amendment filed April 1, 1992; effective May 16, 1992. Amendment filed December 4, 1992; effective January 19, 1993. Amendment filed November 30, 1999; effective February 6, 2000. Amendment filed March 18, 2000; effective May 30, 2000.

**1200-8-3-.03 REPEALED.**

**Authority:** T.C.A. §68-11-209. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed May 22, 1986; effective June 21, 1986. Repeal filed March 18, 2000; effective May 30, 2000.

**1200-8-3-.04 REPEALED.**

**Authority:** T.C.A. §§68-11-202(a) and 68-11-209. **Administrative History:** Original rule certified June 7, 1974. Amendment filed November 30, 1984; effective December 30, 1984. Repeal filed May 22, 1986; effective June 21, 1986.

**1200-8-3-.05 REPEALED.**

**Authority:** T.C.A. §§68-11-202(a) and 68-11-209. **Administrative History:** Original rule certified June 7, 1974. Amendment filed April 3, 1974; effective May 3, 1974. Amendment filed November 30, 1984; effective December 30, 1984. Repeal filed May 22, 1986; effective June 21, 1986.

**1200-8-3-.06 REPEALED.**

**Authority:** T.C.A. §53-1310. **Administrative History:** Original rule certified June 7, 1984. Repeal filed May 22, 1986; effective June 21, 1986.