

## CHAPTER 44:04:05

### PHYSICIAN SERVICES

#### Section

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**44:04:05:01. Admissions to hospitals.** Each patient admitted to a hospital may be admitted only on the order of a practitioner and the patient's health care shall continue under the supervision of a physician who is a member of the medical staff. Before or on admission of a patient or resident, the patient's physician must provide the staff of the facility with documented information regarding current medical findings, admitting diagnoses, and written orders for the immediate care of the individual.

**Source:** SL 1975, ch 16, § 1; 4 SDR 14, effective September 14, 1977; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:01.01. Admissions to nursing facilities.** Each resident admitted to a nursing facility may be admitted only on the order of a physician. Prior to or upon admission of a resident, the attending physician must provide the staff of the facility with documented information regarding current medical findings and with written orders for the immediate care of the individual. This information must include a medical evaluation, diagnosis, and rehabilitation potential. The information on the resident must be based on a physical examination done within 48 hours after admission unless the examination was performed within the five days prior to admission. The resident's health care shall continue under the supervision of a physician. If a resident transfers from one nursing facility to another while retaining the same physician, the requirement for the physical examination shall be waived; however, the schedule for physician visits shall continue.

The resident must be seen by the attending physician at least once every 30 days for the first 90 days following admission. Subsequent to the 90th day following admission, the physician shall visit the resident whenever necessary; but the time between visits may not exceed 60 days. A physician extender may conduct every other visit with the resident's permission.

The resident's total care program including medications and treatments must be reviewed during the physician's visits.

**Source:** 14 SDR 81, effective December 10, 1987; 15 SDR 155, effective April 20, 1989; 22 SDR 70, effective November 19, 1995; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:02. Medical orders in hospitals and nursing facilities.** All medical orders must be in writing and signed by the physician or the physician extender. Telephone orders may be taken only when there is an urgent need to initiate or change a medical order. The physician or physician extender shall sign or initial the orders for nursing facility residents on the next visit to the facility. The physician or physician extender shall sign or initial the orders for all hospital patients as soon as possible. Each patient's or resident's physician is responsible for documenting written orders and progress notes on each patient's or resident's clinical record.

**Source:** SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 27 SDR 59, effective December 17, 2000; 30 SDR 84, effective December 4, 2003.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:03. Emergency physician coverage for hospitals and nursing facilities.** A patient's or resident's physician shall arrange for the care of the patient or resident by an alternate physician during the physician's unavailability. A hospital must have one or more physicians on duty or call at all times and available to the hospital on-site or by telephone within 20 minutes to give necessary orders or medical care to patients in case of emergency.

**Source:** SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 27 SDR 59, effective December 17, 2000.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:04. Transferred to § 44:04:04:02.01.**

**44:04:05:05. Physician services for assisted living center.** An assisted living center must ensure the availability of a physician as defined in subdivision 44:04:01:01(41) or physician extender for physician services for residents of the center. Each resident must designate an attending physician upon admission. Emergency and arranged medical care must be in accord with written policies and procedures of the center. All residents must be seen by a physician at intervals in keeping with their condition, but at least once a year.

**Source:** SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 29 SDR 81, effective December 11, 2002.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:06. Physician extenders.** If the services of a physician extender are utilized, the facility must develop written policies regarding the extender's role in the care of the patient or resident.

**Source:** SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:07. Medical director required.** A critical access hospital and a nursing facility must appoint a physician licensed in South Dakota to serve as a medical director. The medical director shall assure physician services are provided only by qualified caregivers.

**Source:** 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

**44:04:05:08. Physician services for hospice facilities.** A hospice facility must provide or arrange for physician services, including emergencies. Each resident must designate an attending physician upon admission.

**Source:** 22 SDR 70, effective November 19, 1995.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.