



Updated **Micro-Hospital** Guidance

March 2022

Background

The Pennsylvania Department of Health (Department) is charged with overseeing health care services and facilities to ensure access to high quality care and encouraging innovation and continuous development of improved methods of health care in the Commonwealth. In carrying out these duties, the Department continues to monitor advancements in technology and care models to support an effective and efficient health care system.

To that effect, in 2019, the Department provided [guidance](#) to hospitals to offer minimal inpatient services while retaining an emergency department. This innovative hospital model has proven to be a viable alternative to many facilities and will continue to be an option for providers seeking to offer acute care services in a smaller footprint. However, the Department is updating this guidance to ensure it continues to be a comprehensive, effective tool for hospitals that are considering operating under an innovative hospital model. **Further, the Department is updating the name of this guidance and care delivery model from “innovative hospital model” to “micro-hospital” as this health care model is one of several innovative models available to Pennsylvania hospitals.** While this updated guidance offers only a few substantive changes, it includes some clarifying information that has been requested by hospitals over the last several years. The Department is including those clarifications in this interpretive guidance so that all hospitals have access to the same information to guide care model decision-making.

New substance and clarifications will appear in **red text** for ease of reference.

Definitions

For purposes of this interpretive guidance document, the following terms will be defined as described in this section unless the context clearly indicates otherwise.

- **A “campus” is a clinical facility that offers inpatient services and that is included under the license of the main licensed hospital but not located on its grounds.**
- **A “hospital” is jointly the main licensed hospital and its campuses.**
- **A “micro-hospital” is an acute care hospital that offers emergency services and maintains facilities for at least ten (10) inpatient beds with a narrow scope of inpatient acute care services, such as no surgical services.**
- **A “main licensed hospital” is the location where the hospital license is held.**
- **An “operator” is an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), a political subdivision or instrumentality (including a municipal corporation or authority) thereof, that operates a hospital.**



Guidance on Compliance with General Hospital Requirements in a Micro-hospital

Hospitals are required to maintain full or substantial compliance with all applicable regulations. The purpose of this document is to provide interpretive guidance to hospitals on compliance with the regulations in the context of a micro-hospital model and is not an exhaustive list of regulatory requirements. Please contact your Division of Acute and Ambulatory Care (DAAC) Field Office if you have questions that are not addressed by the guidance provided below.

An operator of a micro-hospital shall:

- Maintain at least (ten) 10 inpatient **acute care** beds with at least one room being an airborne infection isolation room.¹ **For purposes of this guidance, maintaining inpatient beds means that the beds are equipped with appropriate physical resources and staffed with appropriate personnel to meet the needs of patients. Inpatient beds may be used for patients on observation status and for patients admitted and receiving acute care services.**
- Ensure imaging services are available on-site, **including, at a minimum, general radiography (X-ray) and Computer Tomography (CT).**² Imaging services shall be offered in accordance with 28 Pa. Code Ch. 127 (relating to radiology services).
- Develop and implement methods for safe transfer of patients requiring services not provided at the hospital³, which shall include:
 - The development and implementation of transfer policies and procedures. Policies and procedures and their implementation shall be in accordance with Emergency Medical Treatment and Labor Act (EMTALA), 42 U.S.C. §§ 1395dd(a)-(i)⁴.
 - Transfer agreements with all nearby hospitals that are able to render care to patients who are likely to require services of a nearby hospital because the services cannot be provided by an innovative hospital model.

¹ 28 Pa. Code §§ 101.31(9)(i) and 117.13.

² The 2019 guidance stated that onsite imaging services were to include Magnetic Resonance Imaging (MRI). The Department has determined that onsite MRI at all micro-hospital models is not necessary to preserve patient safety and high quality care and is no longer interpreting on-site MRI as a minimum requirement for a hospital to offer limited emergency services per 28 Pa. Code § 117.13 (2). However, this analysis extends only to compliance with 28 Pa. Code § 101.31(9)(iii) as it relates to emergency services. An onsite MRI may be a required diagnostic service to meet the medical and nursing needs of the patients within the scope of other services provided by the hospital.

³ 28 Pa. Code § 105.22(b)(1) and 105.24

⁴ The Department will no longer require hospitals operating under the micro-hospital model to post a list of services provided at the facility. Because hospitals are required to comply with applicable federal law, 28 Pa. Code § 103.4 (3), in accordance with EMTALA, hospitals will need to perform a medical screening exam for every patient that presents at the emergency department and stabilize and transfer, as applicable, regardless of whether the hospital can ultimately treat the patient's underlying condition. For this reason, the list of services is no longer considered to be a necessary informational tool for patients to receive high quality care.



- A prohibition on transfers that jeopardize the health or safety of a patient or cause an unnecessary delay in care.
- Develop and implement an emergency plan as set forth at 28 Pa. Code Ch. 151 (relating to fire, safety, and disaster services) and 42 CFR 483.73 (relating to conditions of participation: emergency preparedness).
- Ensure at least one physician and one registered nurse are on-site at all times and additional medical staff, practitioners, and nursing staff are on-site as needed to meet the needs of admitted patients and patients on observation status.

Guidance on Compliance with Chapter 117 (relating to emergency services) in a Micro-hospital

The operator of a micro-hospital must demonstrate that it maintains compliance with emergency service requirements as set forth at 28 Pa. Code Ch. 117 (relating to emergency services) at all times, including:

- Ensuring services are available 24 hours a day, 7 days a week.
- Development and implementation of policies and procedures pursuant to 28 Pa. Code 117.41 (relating to emergency patient care) that reflect the unique circumstances of the micro-hospital.
- Maintaining a minimum of ten treatment rooms in the emergency department. The treatment rooms shall be staffed and equipped to meet the needs of patients presenting at the emergency department. The rooms shall, at a minimum, be comprised of:
 - An obstetrics/gynecology examination/treatment room.
 - A pediatric examination/treatment room.
 - A trauma/emergency stabilization treatment room.
 - A psychiatric/behavioral health examination/treatment room, if there is no inpatient medical psychiatric room in the hospital.
- Ensuring at least one physician and one registered nurse qualified by experience in emergency care are in the emergency department at all times and additional medical staff, practitioners, and nursing staff are on-site and available as needed to meet the needs of patients.

Guidance on Operating a Campus as a Micro-hospital

Unless the hospital satisfies the eligibility criteria to operate an outpatient emergency department, an operator of a campus that offers emergency services on-site shall independently satisfy⁵ the requirements outlined in this guidance, including offering inpatient acute care services on-site, except that:

⁵ The campus cannot rely on services, rooms, equipment, staff, or supplies at the main licensed hospital to satisfy these requirements.



- The campus shall be included in the main licensed hospital's hospital-wide infection prevention and control program and reflected in the main licensed hospital's infection control plan in accordance with Section 403 of the Medical Care Availability and Reduction of Error (MCARE) Act⁶ and does not require a separate program.
- The campus shall be included in the main licensed hospital's emergency plan as set forth at 28 Pa. Code Ch. 151 (relating to fire, safety, and disaster services) and 42 CFR 483.73 (relating to conditions of participation: emergency preparedness) and does not require a separate plan.
- The hospital shall include in its transfer policies and procedures policies for intra-hospital transfers, which shall be in accordance with EMTALA and 28 Pa. Code Ch. 105 (relating to admission and discharge) and shall not jeopardize the health or safety of a patient or cause an unnecessary delay in care.

Implementation of a Micro-hospital Model

There is not a separate licensure or application process for a micro-hospital. A hospital that intends to operate as a micro-hospital must meet notification requirements as set forth at 28 Pa. Code § 51.3 (relating to notifications).