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**MINIMUM
STANDARDS OF
OPERATION FOR
AMBULATORY
SURGICAL
FACILITIES**

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Draft August 18, 2005

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68 **Ambulatory Surgical Facility Minimum Standards**

69

70 **Part I**

71 **General**

72

73 **Section A -- Legal Authority**

74

75 **101.1**

76

77 **Adoption of Regulations.** Under and by virtue of authority vested in it by Mississippi Code
78 Annotated § 41-75-1 thru § 41-75-25 (Supplement 1986), the Mississippi State Department of
79 Health, as licensing agency, does hereby adopt and promulgate the following rules, regulations,
80 and standards governing ambulatory surgical facilities licensed to operate in the State of
81 Mississippi.

82

83 **101.2**

84

85 **Procedures Governing Amendments.** The rules, regulations, and minimum standards for
86 ambulatory surgical facilities may be amended by the licensing agency from time to time as
87 necessary to promote the health, safety, and welfare of persons receiving services in such
88 institutions.

89

90 **101.3**

91

92 **Inspections Required.** Each ambulatory surgical facility for which a license has been issued
93 shall be inspected by the Mississippi State Department of Health or by persons delegated with
94 authority by said Mississippi State Department of Health at such intervals as the Department may
95 direct Mississippi State Department of Health and/or its authorized representatives shall have the
96 right to inspect construction work in progress. New ambulatory surgical facilities shall not be
97 licensed without having first been inspected for compliance with these rules, regulations, and
98 minimum standards.

99

100 **Section B -- Definitions**

101

102 A list of selected terms often used in connection with these rules, regulations, and standards
103 follows.

104

105 **102.1**

106

107 **Administrator.** The term "administrator" shall mean a person who is delegated the
108 responsibility for the implementation and proper application of policies and programs established
109 by the governing authority of the facility and is delegated responsibility for the establishment of
110 safe and effective administrative management, control and operation of the services provided.
111 This definition applies to a person designated as Chief Executive Officer or other similar title.

112 **102.2**

113
114 **Ambulatory Surgery.** Shall mean surgical procedures that are more complex than office
115 procedures performed under local anesthesia, but less complex than major procedures requiring
116 prolonged postoperative monitoring and hospital care to ensure safe recovery and desirable
117 results. General anesthesia is used in most cases. The patient must arrive at the facility and
118 expect to be discharged on the same day. Ambulatory surgery shall only be performed by
119 physicians or dentists licensed to practice in the State of Mississippi.

120
121 **102.3**

122
123 **Ambulatory Surgical Facility.** Shall mean a publicly or privately owned institution which is
124 primarily organized, constructed, renovated or otherwise established for the purpose of providing
125 elective surgical treatment of outpatients whose recovery, under normal and routine
126 circumstances, will not require inpatient care. Such facility as herein defined does not include the
127 offices of private physicians or dentists whether practicing individually or in groups, but does
128 include organizations or facilities primarily engaged in such outpatient surgery whether using the
129 name "ambulatory surgical facility" or a similar or different name. Such organization or facility,
130 if in any manner considered to be operated or owned by a hospital or a hospital holding, leasing
131 or management company, either for profit or not for profit, is required to comply with all
132 Mississippi State Department of Health ambulatory surgical licensure standards governing a
133 hospital affiliated facility as adopted under Section 41-91-1 et seq, Mississippi Code of 1972;
134 provided that such organization or facility does not intend to seek federal certification as an
135 ambulatory surgical facility as provided for at 42 CFR, Parts 405 and 416. Further, if such
136 organization or facility is to be operated or owned by a hospital or a hospital holding, leasing or
137 management company and intends to seek federal certification as an ambulatory facility, then
138 such facility is considered to be freestanding and must comply with all Mississippi State
139 Department of Health ambulatory surgical licensure standards governing a freestanding facility.
140 If such organization or facility is to be owned or operated by an entity or person other than a
141 hospital or hospital holding, leasing or management company, then such organization or facility
142 must comply with all Mississippi State Department of Health ambulatory surgical facility
143 standards governing a freestanding facility.

144
145 **102.4**

146
147 **Hospital Affiliated Ambulatory Surgical Facility.** Shall mean a separate and distinct organized
148 unit of a hospital or a building owned, leased, rented or utilized by a hospital and located in the
149 same county in which the hospital is located for the primary purpose of performing ambulatory
150 surgery procedures. Such facility is not required to be separately licensed under the statute and
151 may operate under the hospital's license in compliance with all applicable requirements of
152 Section 41-9-1 et seq.

153
154
155

156 **102.5**

157

158 **Freestanding Ambulatory Surgical Facility.** Shall mean a separate and distinct facility or a
159 separate and distinct organized unit of a hospital owned, leased, rented or utilized by a hospital
160 or other persons for the primary purpose of performing ambulatory surgery procedures. Such
161 facility must be separately licensed as herein defined and must comply with all licensing
162 standards promulgated by the Mississippi State Department of Health under this statute regarding
163 freestanding ambulatory surgical facility. Further, such facility must be a separate, identifiable
164 entity and must be physically, administratively and financially independent and distinct from
165 other operations of any other health facility, and shall maintain a separate organized medical and
166 administrative staff. Furthermore, once licensed as a freestanding ambulatory surgical facility,
167 such facility shall not become a component of any other health facility without securing a
168 certificate of need to do such.

169

170 **102.6**

171

172 **Anesthesiologist.** A physician whose specialized training and experience qualify him/her to
173 administer anesthetic agents and to monitor the patient under the influence of these agents.

174

175 **102.7**

176

177 **Anesthetist.** A physician or dentist qualified and trained to administer anesthetic agents or a
178 certified registered nurse qualified to administer anesthetic agents.

179

180 **102.8**

181

182 **Change of Ownership.** The term "change of ownership" includes, but is not limited to,
183 inter vivos gifts, purchases, transfers, leases, cash and/or stock transaction or other comparable
184 arrangements whenever the person or entity acquires an interest of fifty percent (50%) or more of
185 the facility or services. Changes of ownership from partnerships, single proprietorships or
186 corporations to another form of ownership are specifically included, provided, however, "change
187 of ownership" shall not include any inherited interest acquired as a result of a testamentary
188 instrument or under the laws of descent and distribution of the State of Mississippi.

189

190 **102.9**

191

192 **Dentist.** A person who holds a valid license issued by the Mississippi State Board of Dental
193 Examiners to practice dentistry.

194

195 **102.10**

196

197 **Director of Nursing.** The term "director of nursing" means a registered nurse with supervisory
198 and administrative ability who is responsible to the chief executive officer for supervision of
199 nursing service for entire facility at all times. Qualifications of directory of nursing:

- 200 A. Shall be a graduate of a professional school of nursing.
201 B. Shall currently be licensed by the Mississippi Board of Nursing.
202 C. Shall have at least one year of experience in medical surgical nursing and one year of
203 surgical nursing and one year of surgical environment nursing.
204 D. Shall have good mental and physical health.
205

206 **102.11**
207

208 **Governing Authority.** The term "governing authority" shall mean owner(s) associations, county
209 board of supervisors, board of trustees, or any other comparable designation of an individual or
210 group of individuals who have the purpose of owning, acquiring, constructing, equipping,
211 operating, and/or maintaining ambulatory surgical facilities and exercising control over the
212 affairs and in which the ultimate responsibility and authority of the facility is vested.
213

214 **102.12**
215

216 **Licensed Practical Nurse.** "Licensed practical nurse" (LPN) means any person licensed as such
217 by the Mississippi State Board of Nursing.
218

219 **102.13**
220

221 **License.** The term "license" shall mean the document issued by the Mississippi State Department
222 of Health and signed by the Executive Director of the Mississippi State Department of Health.
223 Licensure shall constitute authority to receive patients and perform the services included within
224 the scope of these rules, regulations, and minimum standards.
225

226 **102.14**
227

228 **Licensee.** The term "licensee" shall mean the individual to whom the license is issued and upon
229 whom rests the responsibility for the operation of the ambulatory surgical facility in compliance
230 with these rules, regulations, and minimum standards.
231

232 **102.15**
233

234 **Licensing Agency.** The term "licensing agency" shall mean the Mississippi State Department of
235 Health.
236

237 **102.16**
238

239 **Nursing Personnel.** The term "nursing personnel" shall mean registered nurses, graduate nurses,
240 licensed practical nurses, nurses' aides, orderlies, attendants, and other rendering patient care.
241
242
243

244 **102.17**

245

246 **Patient.** The term "patient" shall mean a person admitted to the ambulatory surgical facility by
247 and upon the recommendation of a physician and who is to receive medical care recommended
248 by the physician.

249

250 **102.18**

251

252 **Pharmacy.** The term "pharmacy" shall mean a place licensed by the Mississippi State
253 Department of Pharmacy where prescriptions, drugs, medicines and chemicals are offered for
254 sale, compounded or dispensed, and shall include all places whose titles may imply the sale,
255 offering for sale, compounding or dispensing of prescriptions, drugs, medicines or chemicals.

256

257 **102.19**

258

259 **Pharmacist.** The term "pharmacist" shall mean a person currently licensed by the Mississippi
260 State Board of Pharmacy to practice pharmacy in Mississippi under the provisions contained in
261 current state statutes.

262

263 **102.20**

264

265 **Physician.** The term "physician" shall mean a person currently licensed by the Mississippi State
266 Board of Medical Licensure to practice medicine and surgery in Mississippi under provisions
267 contained in current state statutes.

268

269 **102.21**

270

271 **Registered Nurse.** The term "registered nurse" (R.N.) shall mean a professional registered nurse
272 currently licensed by the Mississippi Board of Nursing in accordance with the provisions
273 contained in current state statutes.

274

275 **102.22**

276

277 **Person.** The term "person" means any individual, firm, partnership, corporation, company,
278 association, or joint stock association, or any licensee herein or the legal successor thereof.

279

280 **102.23**

281

282 **May.** The term "may" indicates permission.

283

284 **102.24**

285

286 **Shall.** The term "shall" indicates mandatory requirement(s).

287

288 **102.25**

289

290 **Should.** The term "should" indicates recommendation(s).

291

292 ***Section C -- Type of License***

293

294 **103.1**

295

296 **Regular License.** A license shall be issued to each ambulatory surgical facility that meets the
297 requirements as set forth in these regulations. In addition, no ambulatory surgical facility may be
298 licensed until it shows conformance to the regulations establishing minimum standards for
299 prevention and detection of fire, as well as for protection of life and property against fire.
300 Compliance with the N.F.P.A. Life Safety Code 101 for doctors' offices and clinics shall be
301 required.

302

303 **103.2**

304

305 **Provisional License.** Within its discretion, the Mississippi State Department of Health may issue
306 a provisional license when a temporary condition of noncompliance with these regulations exists
307 in one or more particulars. A provisional license shall be issued only if the Mississippi State
308 Department of Health is satisfied that preparations are being made to qualify for a regular license
309 and that the health and safety of patients will not be endangered meanwhile. A new ambulatory
310 surgical facility may be issued a provision license prior to opening and subsequent to meeting
311 the required minimum staffing personnel. The provisional license issued under this condition
312 shall be valid until the issuance of a regular license, or June 30, following date of issuance of the
313 provisional license, issued for any reason, shall not exceed 12 months and cannot be reissued.

314

315 ***Section D -- Licensing***

316

317 **104.1**

318

319 **Application and Annual Report.** Application for a license or renewal of a license shall be made
320 in writing to the Mississippi State Department of Health on forms provided by the Department
321 which shall contain such information as the Mississippi State Department of Health may require.
322 The application shall require reasonable, affirmative evidence of ability to comply with these
323 rules, regulations, and minimum standards.

324

325 **104.2**

326

327 **Fee.** In accordance with Section 41-7-173 of the Mississippi Code of 1972, as amended, each
328 application for initial licensure shall be accompanied by a fee of Two Thousand Five Hundred
329 Dollars (\$2,500.00), in check or money order, made payable to the Mississippi State Department
330 of Health. The fee shall not be refundable after a license has been issued.

331

332 **104.3**

333

334 **Renewal.** A license, unless suspended or revoked, shall be renewable annually upon payment of
335 a renewal fee of Two Thousand Five Hundred Dollars (\$2,500.00), which shall be paid to the
336 Mississippi State Department of Health, and upon filing by the licensee and approval by the
337 Mississippi State Department of Health of an annual report upon such uniform dates and
338 containing such information in such form as the licensing agency requires. Each license shall be
339 issued only for the premises and person or persons named in the application and shall not be
340 transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed
341 premises.

342

343 **104.4**

344

345 **Name.** Every ambulatory surgical facility designated by a permanent and distinctive name which
346 shall be used in applying for a license and shall not be changed without first notifying the
347 licensing agency in writing and receiving written approval of the change from the licensing
348 agency. Such notice shall specify the name to be discontinued as well as the new name proposed.
349 Only the official name by which the ambulatory surgical facility is licensed shall be used in
350 telephone listings, on
351 stationery, in advertising, etc. Two or more ambulatory surgical facilities shall not be licensed
352 under similar names in the same vicinity. No freestanding ambulatory surgical facility shall
353 include the word "hospital" in its name.

354

355 **104.5**

356

357 **Issuance of License.** All licenses issued by the Mississippi State Department of Health shall set
358 forth the name of the ambulatory surgical facility, the location, the name of the licensee, and the
359 license number.

360

361 **104.6**

362

363 **Separate License.** A separate license shall be required for ambulatory surgical facilities
364 maintained on separate premises even though under the same management. However, separate
365 licenses are not required for buildings on the same ground which are under the same
366 management.

367

368

369

370

371

372

373

374

375

376 **104.7**

377

378 **Expiration of License.** Each license shall expire on June 30, following the date of issuance.

379

380 **104.8**

381

382 **Denial or Revocation of License: Hearings and Review.** The Mississippi State Department of
383 Health after notice and opportunity for a hearing to the applicant or licensee, is authorized to
384 deny, suspend, or revoke a license in any case in which it finds that there has been a substantial
385 failure to comply with the requirements established under the law and these regulations.

386

387 **Section E -- Right of Appeal**

388 Provision for hearing and appeal following denial or revocation of license is as follows:

389

390 **105.1**

391

392 **Administrative Decision.** The Mississippi State Department of Health will provide an
393 opportunity for a fair hearing to every applicant or licensee who is dissatisfied with
394 administrative decisions made in the denial or revocation of license.

395

396 A. The licensing agency shall notify the applicant or licensee by registered mail or personal
397 service the particular reasons for the proposed denial or revocation of license. Upon
398 written request of applicant or licensee within ten (10) days of the date of such service at
399 which agency shall fix a date not less than thirty (30) days from the date of such service
400 at which time the applicant or licensee shall be given an opportunity for a prompt and fair
401 hearing.

402

403 B. On the basis of such hearing or upon default of the applicant or licensee, the licensing
404 agency shall make a determination specifying its findings of fact and conclusions of law.
405 A copy of such determination shall be sent by registered mail to the last known address of
406 applicant or licensee or served personally upon the applicant or licensee.

407 C. The decision revoking, suspending, or denying the application or license shall become
408 final thirty (30) days after it is so mailed or served unless the applicant or licensee, within
409 such thirty (30) day period, appeals the decision to the Chancery Court in the county in
410 which the facility is located, in the manner prescribed in Section 43-11-23, Mississippi
411 Code of 1972, as amended. An additional period of time may be granted at the discretion
412 of the licensing agency.

413

414 **105.2**

415

416 **Penalties.** Any person or persons or other entity or entities establishing, managing or operating
417 an ambulatory surgical facility or conducting the business of an ambulatory surgical facility
418 without the required license, or which otherwise violate any of the provisions of this act or the
419 Mississippi State Department of Health, as amended, or the rules, regulations or standards

420 promulgated in furtherance of any law in which the Mississippi State Department of Health has
421 authority therefore shall be subject to the penalties and sanctions of Section 41-7-209,
422 Mississippi Code of 1972.

423

424 **Part II**

425

426 **Administration**

427

428 **Section A -- Governing Authority**

429

430 **201.1**

431

432 Each facility shall be under the ultimate responsibility and control of an identifiable governing
433 body, person, or persons.

- 434 A. The facility's governing authority shall adopt bylaws, rules and regulations which shall:
- 435 1. Specify by name the person to whom responsibility for operation and maintenance of
436 the facility is delegated and methods established by the governing authority for
437 holding such individuals responsible.
- 438 2. Provide for at least annual meetings of the governing authority if the governing
439 authority consists of two or more individuals. Minutes shall be maintained of such
440 meetings.
- 441 3. Require policies and procedures which includes provisions for administration and use
442 of the facility, compliance, personnel, quality assurance, procurement of outside
443 services and consultations, patient care policies and services offered.
- 444 4. Provide for annual reviews and evaluations of the facility's policies, management, and
445 operation.
- 446 B. When services such as dietary, laundry, or therapy services are purchased from other the
447 governing authority shall be responsible to assure the supplier(s) meets the same local
448 and state standards the facility would have to meet if it were providing those services
449 itself using its own staff.
- 450 C The governing authority shall provide for the selection and appointment of the medicaid
451 and dental staff and the granting of clinical privileges and shall be responsible for the
452 professional conduct of these persons.

453

454 **Section B -- Organization and Staff**

455

456 **202.1**

457

458 **Chief Executive Officer or Administrator.**

- 459 A. The governing authority shall appoint a qualified person as chief executive officer of the
460 facility to represent the governing authority and shall define his/her authority and duties
461 in writing. He/she shall be responsible for the management of the facility, implementation
462 of the policies of the governing authority and authorized and empowered to carry out the
463 provisions of these regulations.

- 464 B. The chief executive officer shall designate, in writing, a qualified person to act in his/her
465 behalf during his/her absence. In the absence of the chief executive officer, the person on
466 the grounds of the facility who is designated by the chief executive officer to be in charge
467 of the facility shall have reasonable access to all areas in the facility related to patient
468 care and to the operation of the physical plant.
- 469 C. When there is a planned change in ownership or in the chief executive officer, the
470 governing authority of the facility shall notify the Mississippi State Department of
471 Health. The chief executive officer shall be responsible for the preparation of written
472 facility policies and procedures.

473
474 **202.2**

475
476 **Administrative Records.**

- 477 A. The following essential documents and references shall be on file in the administrative
478 office of the facility:
- 479 1. Appropriate documents evidencing control and ownerships, such as deeds, leases,
480 or corporation or partnerships papers.
 - 481 2. Bylaws and policies and procedures of the governing authority and professional staff.
 - 482 3. Minutes of the governing authority meetings.
 - 483 4. Minutes of the facility's professional and administrative staff meetings.
 - 484 5. A current copy of the ambulatory surgical facility regulations.
 - 485 6. Reports of inspections, reviews, and corrective actions taken related to licensure.
 - 486 7. Contracts and agreements for all services not provided directly by the facility.
- 487
488 B. All permits and certificates shall be appropriately displayed.

489
490
491 **Section C -- Personnel Policies and Procedures**

492
493 **203.1**

494
495 **Personnel Records.** A record of each employee should be maintained which includes the
496 following to help provide quality assurance in the facility:

- 497 1. Application for employment.
- 498 2. Written references and/or a record of verbal references.
- 499 3. Verification of all training and experience, and licensure, certification, registration
500 and/or renewals.
- 501 4. Performance appraisals.
- 502 5. Initial and subsequent health clearances.
- 503 6. Disciplinary and counseling actions.
- 504 7. Commendations.
- 505 8. Employee incident reports.
- 506 9. Record of orientation to the facility, its policies and procedures and the employee's
507

508 position. Personnel records shall be confidential. Representatives of the licensing
509 agency conducting an inspection of the facility shall have the right to inspect personnel
510 records.

511
512 **203.2**

513
514 **Job Descriptions.**

- 515
516 A. Every position shall have a written description which adequately describes the duties of
517 the position.
518 B. Each job description shall include position title, authority, specific responsibilities and
519 minimum qualifications. Qualifications shall include education, training, experience,
520 special abilities and license or certification required.
521 C. Job descriptions shall be kept current and given to each employee when assigned to the
522 position and whenever the job description is changed.
523

524
525 **203.3**

526
527 **Health Examination.** As a minimum, each employee shall have a pre-employment health
528 examination by a physician. The examination is to be repeated annually and more frequently if
529 indicated to ascertain freedom from communicable diseases. The extent of the annual
530 examinations shall be determined by a committee consisting of the medical director,
531 administrator and director of nursing, and documentation of the health examination shall be
532 included in the employee's personnel folder.
533

534 **Section D -- Medical Staff Organization**

535
536 **204.1**

537
538 There shall be a single organized medical staff that has the overall responsibility for the quality
539 of all clinical care provided to patients, and for the ethical conduct and professional practices of
540 its members, as well as for accounting therefore to the governing authority. The manner in which
541 the medical staff is organized shall be consistent with the facility's documented staff organization
542 bylaws, rules and regulations, and pertain to the setting where the facility is located. The medical
543 staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall
544 require that patients are admitted to the facility only upon the recommendation of a licensed
545 physician and that a licensed physician be responsible for diagnosis and all medical care and
546 treatment. The organization of the medical staff, and its bylaws, rules and regulations, shall be
547 approved by the facility's governing authority. The medical staff shall strive to assure that each
548 member is qualified for membership and shall encourage the optimal level of professional
549 performance of its members through the appointment/reappointment procedure, the specific
550 delineation of clinical privileges, and the periodic reappraisal of each staff member according to
551 the established provisions.

552 **204.2**

553

554 **Qualifications.** The appointment and reappointment of medical staff members shall be based
555 upon well-defined, written criteria that are related to the goals and objectives of the facility as
556 stated in the bylaws, rules and regulations of the medical staff of the governing authority., Upon
557 application or appointment to the medical staff, each individual must sign a statement to the
558 effect that he/she has read and agrees to be bound by the medical staff and governing authority
559 bylaws, rules and regulations. The initial appointment and continued medical staff membership
560 shall be dependent upon professional competence and ethical practice in keeping with the
561 qualifications, standards, and requirements set forth in the professional staff and governing
562 authority bylaws, rules and regulations.

563

564 **204.3**

565

566 **Method of Selection.** Each facility is responsible for developing a process of appointment to the
567 medical staff whereby it can satisfactorily determine that the person is appropriately licensed and
568 qualified for the privileges and responsibilities he/she seeks.

569

570 **204.4**

571

572 **Privilege Delineation.** Privileges shall be delineated for each member of the medical staff,
573 regardless of the type and size of the facility. The delineation of privileges shall be based on all
574 verified information available in the applicant's or staff member's credentials file. Whatever
575 method is used to delineate clinical privileges for each medical staff applicant, there must be
576 evidence that the granting of such privileges is based on the member's demonstrated current
577 competence.

578

579 **204.5**

580

581 **Clinical Privileges Shall Be Facility-Specific.** The medical staff shall delineate in its bylaws,
582 rules and regulations, the qualifications, status, clinical duties, and responsibilities of consultant
583 physicians who are not members of the medical and dental staff but whose services require that
584 they be processed through the usual medical staff channels. The training, experience, and
585 demonstrated competence of individuals in such categories shall be sufficient to permit their
586 performing their assigned functions.

587

588 **204.6**

589

590 **Reappointment.** The facility's medical staff bylaws, rules and regulations shall provide for
591 review and reappointment of each medical staff member at least once every two years. The
592 reappointment process should include a review of the individual's status by a designated medical
593 staff committee, such as the credentials committee. When indicated, the credentials committee
594 shall require the individual to submit evidence of his/her current health status that verifies the
595 individual's ability to discharge his/her responsibility. The committee's review of the clinical

596 privileges of a staff member for reappointment should include the individual's past and current
597 professional performance as well as his/her adherence to the governing authority and
598 professional staff bylaws, rules and regulations. The medical staff bylaws, rules and regulations
599 shall limit the time within which the medical staff reappointment and privilege delineation
600 processes must be completed.

601

602 **204.7**

603

604 **Professional Staff.** Each facility shall have at all times a designated medical director who shall
605 be a physician and who shall be responsible for the direction and coordination of all medical
606 aspects of facility programs. The members of the medical staff shall have like privileges in at
607 least one local hospital. There shall be a minimum of one licensed registered nurse per six
608 patients (at any one time) at the clinic when patients are present, excluding the director of
609 nursing. All facility personnel, medical and others, shall be licensed to perform the services they
610 render when such services require licensure under the laws of the State of Mississippi.
611 Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified
612 registered nurse anesthetist ~~under the supervision of~~ in collaboration/consultation with a board-
613 qualified or certified anesthesiologist, ~~or operating physician or dentist~~, who is actually on the
614 premises. After the administration of an anesthetic, patients shall be constantly attended by an
615 M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and able to summon
616 aid. All employees of the facility providing direct patient care shall be trained in emergency
617 resuscitation at least annually.

618

619 **204.8**

620

621 **Reporting Requirements.** Each abortion facility shall report monthly to the Mississippi State
622 Department of Health such information as may be required by the department in its rules and
623 regulations for each abortion performed by such facility.

624

625 **Section E -- Patient Transfer**

626

627 **205.1**

628

629 **Transfer Agreement.** The facility shall have a written agreement with one or more acute
630 general hospitals and be located within fifteen minutes travel time from the hospital(s) to ensure
631 prompt referral and back-up services for patients requiring attention for an emergency or other
632 condition necessitating hospitalization. The hospital(s) must have an emergency room staffed by
633 an in-house physician during the hours that the ambulatory surgical facility is open. Policies shall
634 be developed relating to preoperative and postoperative transportation.

635

636

637

638 **Section F -- Safety**

639

640 **206.1**

641

642 A. The governing authority shall develop written policies and procedures designed to
643 enhance safety within the facility and on its grounds and minimize hazards to patients,
644 staff and visitors.

645 B. The policies and procedures shall include establishment of the following:

646

647 1. Safety rules and practices pertaining to personnel, equipment, gases, liquids,
648 drugs;

649 2. Provisions for reporting and the investigation of accidental events regarding
650 patients, visitors and personnel (incidents) and corrective action taken;

651 3. Provision for dissemination of safety-related information to employees and users
652 of the facility; and

653 4. Provision for syringe and needle storage, handling and disposal.

654

655 **Section G -- Housekeeping**

656

657 **207.1**

658

659 Operating rooms shall be appropriately cleaned in accordance with established written
660 procedures after each operation. Recovery rooms shall be maintained in a clean condition.
661 Adequate housekeeping staff shall be employed to fulfill the above requirement.

662

663 **Section H -- Linen and Laundry**

664

665 **208.1**

666

667 A. An adequate supply of clean linen or disposable materials shall be maintained.

668 B. Provisions for proper laundering of linen and washable goods shall be made. Soiled and
669 clean linen shall be handled and stored separately.

670 C. Sufficient supply of cloth or disposable towels shall be available so that a fresh towel can
671 be used after each hand washing. Towels shall not be shared.

672

673 **Section I -- Sanitation**

674

675 **209.1**

676

677 A. All parts of the facility, the premises and equipment shall be kept clean and free of
678 insects, rodents, litter and rubbish.

679 B. All garbage and waste shall be collected, stored and disposed of in a manner designed to
680 prevent the transmission of disease. Containers shall be washed and sanitized before
681 being returned to work areas. Disposable type containers shall not be reused.

682 **Section J -- Preventive Maintenance**

683
684 **210.1**

685
686 A schedule of preventive maintenance shall be developed for all of the surgical equipment in the
687 surgical suite to assure satisfactory operation when needed.

688
689 **Section K -- Disaster Preparedness**

690
691 **211.1**

- 692
693 A. The facility shall have a posted plan for evacuation of patients, staff, and visitors in case
694 of fire or other emergency.
- 695 B. Fire drills:
- 696 1. At least one drill shall be held every three months for every employee to familiarize
697 employees with the drill procedure. Reports of the drills shall be maintained with
698 records of attendance.
 - 699 2. Upon identification of procedural problems with regard to the drills, records shall
700 show that corrective action has been taken.

701
702 There shall be an ongoing training program for all personnel concerning aspects of fire safety
703 and the disaster plan.

704
705 **Section L -- Medical Record Services**

706
707 **212.1**

708
709 **Medical Record System.** A medical record is maintained in accordance with accepted
710 professional principles for every patient admitted and treated in the facility. The medical record
711 system shall be under the supervision of a designated person who has demonstrated through
712 relevant experience the ability to perform the required functions.

713
714 **212.2**

715
716 Facilities. A room or area shall be designated within the facility for medical records. The area
717 shall be sufficiently large and adequately equipped to permit the proper processing and storing of
718 records. All medical records must be accessible and easily retrieved.

719
720 **212.3**

721
722 **Ownership.** Medical records shall be the property of the facility and shall not be removed except
723 by subpoena or court order. These records shall be protected against loss, destruction and
724 unauthorized use.

725

726 **212.4**

727

728 **Preservation of Records.** Medical records shall be preserved either in the original form or by
729 microfilm for a period of not less than ten years. In the case of minor the record is to be retained
730 until the patient becomes of age, plus seven years.

731

732 **212.5**

733

734 **Individual Patient Records.** Each patient's medical record shall include at least the following
735 information:

736

737 A. Patient identification, including the patient's full name, sex, address, date of birth, next of
738 kin and patient number.

739 B. Admitting diagnosis.

740 C. Preoperative history and physical examination pertaining to the procedure to be
741 performed.

742 D. Anesthesia reports.

743 E. Operative report.

744 F. Pertinent laboratory, pathology and X-ray reports.

745 G. Preoperative and postoperative orders.

746 H. Discharge note and discharge diagnosis.

747 I. Informed consent.

748 J. Nurses' notes:

749 1. Admission and preoperative.

750 2. Recovery and discharge.

751

752 **212.6**

753

754 **Completion of Medical Records.** All medical records shall be completed promptly.

755

756 **212.7**

757

758 **Indexes.** All medical records should be indexed according to disease, operation, physician, and
759 patient name.

760

761

762

763

764

765

766

767

768

769

770 **Part III**

771

772 **Patient Care**

773

774 **Section A -- Nursing Service**

775

776 **301.1**

777

778 **Nursing Staff.** The ambulatory surgical facility shall maintain an organized nursing staff to
779 provide high quality nursing care for the needs of the patients and be responsible to the
780 ambulatory surgical facility for the professional performance of its members. The ambulatory
781 surgical facility nursing service shall be under the direction of a legally and professionally
782 qualified registered nurse. There shall be a sufficient number of duly licensed registered nurses
783 on duty at all times to plan, assign, supervise, and evaluate nursing care, as well as to give
784 patients the nursing care that requires the judgment and specialized skills of a registered nurse.

785

786 **301.2**

787

788 **Director of Nursing Service.** The director of nursing service shall be qualified by education,
789 medical-surgical nursing and surgery experience of one year each, and demonstrated ability to
790 organize, coordinate, and evaluate the work of the service. He/she shall be qualified in the fields
791 of nursing and administration consistent with the complexity and scope of operation of the
792 ambulatory surgical facility and shall be responsible to the administrator for the developing and
793 implementing policies and procedures of the service in the ambulatory surgical facility.

794

795 **301.3**

796

797 **Staffing Pattern.** A staffing pattern shall be developed for each nursing care unit (preoperative
798 unit, surgical suite, recovery and postoperative unit). The staffing pattern shall provide for
799 sufficient nursing personnel and for adequate supervision and direction by registered nurses
800 consistent with the size and complexity of the ambulatory surgical facility.

801

802 **301.4**

803

804 **Nursing Care Plan.** There shall be evidence established that the ambulatory surgical facility
805 nursing service provides safe, efficient and therapeutically effective nursing care through the
806 planning of each patient's preoperative, operative, recovery and postoperative care and the
807 effective implementation of the plans. A registered nurse must plan, supervise and evaluate the
808 nursing care of each patient from admission to discharge.

809

810

811

812

813 **301.5**

814

815 **Licensed Practical Nurse.** Licensed practical nurses who are currently licensed to practice
816 within the state, as well as other ancillary nursing personnel, may be used to give nursing care
817 that does not require the skill and judgement of a registered nurse. Their performance shall be
818 supervised by one or more registered nurses.

819

820 **301.6**

821

822 **Nursing Service Evaluation.** To develop better patterns of utilization of nursing personnel,
823 periodic evaluation of the activities and effectiveness of the nursing staff should be conducted as
824 a part of quality assurance. Evaluations should be done after the first 90-day probationary period,
825 then annually thereafter.

826

827 **301.7**

828

829 **Nursing Service Organization.** The ambulatory surgical facility nursing service shall have a
830 current written organization plan that delineates its functional structure and its mechanisms for
831 cooperative planning and decision making. This plan shall be an integral part of the overall
832 ambulatory surgical facility plan and shall:

833

- 834 A. Be made available to all nursing personnel.
- 835 B. Be reviewed periodically (yearly) and revised as necessary.
- 836 C. Reflect the staffing pattern for nursing personnel throughout the ambulatory surgical
837 facility.
- 838 D. Delineate the functions for which nursing service is responsible.
- 839 E. Indicate all positions required to carry out such functions.
- 840 F. Contain job descriptions for each position classification in nursing service that delineates
841 the functions, responsibilities, and desired qualifications of each classification, and
842 should be made available to nursing personnel at the time of employment.
- 843 G. Indicate the lines of communication within nursing service.
- 844 H. Define the relationships of nursing service to all other services and departments in the
845 ambulatory surgical facility.

846

847 In ambulatory surgical facilities where the size of the nursing staff permits, nursing committees
848 shall be formally organized to facilitate the establishment and attainment of goals and objectives
849 of the nursing service.

850

851 **301.8**

852

853 **Policies and Procedures.** Written nursing care and administrative policies and procedures shall
854 be developed to provide the nursing staff with acceptable methods of meeting its responsibilities
855 and achieving projected goals through realistic, attainable goals. In planning, decision making,
856 and formulation of policies that affect the operation of nursing service, the nursing care of
857 patients, or the patient's environment, the recommendations of representatives of nursing service

858 shall be considered. Nursing care policies and procedures shall be consistent with professionally
859 recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of
860 the State of Mississippi and AORN Standards of Practice.

861 Policies shall include statements relating to at least the following:

- 862
- 863 A. Noting diagnostic and therapeutic orders.
- 864 B. Assignment of preoperative and postoperative care of patients.
- 865 C. Administration of medications.
- 866 D. Charting of nursing personnel.
- 867 E. Infection control.
- 868 F. Patient and personnel safety.
- 869

870 Written copies of the procedure manual shall be available to the nursing staff in every nursing
871 care unit and service area and to other services and departments in the ambulatory surgical
872 facility. The nursing procedure manual should be used to:

- 873
- 874 A. Provide a basis for staff development to enable new nursing personnel to acquire local
875 knowledge and current skills through established orientation programs.
- 876 B. Provide a ready reference or procedures for all nursing personnel.
- 877 C. Standardize procedures and equipment.
- 878 D. Provide a basis for evaluation and study to ensure continued improvements in techniques.
- 879

880 The ambulatory surgical facility nursing policies and procedures shall be developed, periodically
881 reviewed, and revised as necessary by nursing representatives in cooperation with
882 administration, the medical staff, and other facility services and departments concerned. All
883 revisions shall be dated to indicate the date of the latest review.

884

885 **301.9**

886

887 **In-Service Education and Meetings.** An in-service education programs and meetings of the
888 nursing staff shall be provided for the improvement of existing aseptic and nursing practices;
889 obtaining new knowledge and skills applicable to operating room nursing; keep personnel
890 informed of changes in policies and procedures and discuss nursing service problems in the
891 ambulatory surgical facility. The in-service program shall be planned, scheduled, documented
892 and held on a continuing or monthly basis. There should be provisions for participation in
893 appropriate training programs for the safe and effective use of diagnostic and therapeutic
894 equipment for CPR and for other aspects of critical care.

895

896 **Section B -- Surgery**

897

898 **302.1**

899 The ambulatory surgical facility shall have effective policies and procedures regarding surgical
900 privileges, maintenance of the operating rooms and evaluation of the surgical patient.

- 901 A. Surgical privileges according to covered surgical procedures shall be delineated for all
902 physicians doing surgery in accordance with the competencies of each physician. A roster

- 903 shall be kept in the confidential files of the operating room supervisor and in the files of
904 the administrator.
- 905 B. The operating room register shall be complete and up-to-date.
 - 906 C. There shall be a complete history and physical work-up in the chart of every patient prior
907 to surgery plus documentation of a properly executed informed patient consent.
 - 908 D. There shall be adequate provision for immediate postoperative care.
 - 909 E. An operative report describing techniques and findings shall be written or dictated
910 immediately following surgery and signed by the surgeon.
 - 911 F. A procedure shall exist in establishing a program for identifying and preventing
912 infections, maintaining a sanitary environment, and reporting results to appropriate
913 authorities. The operating surgeon shall be required to report back to the facility an
914 infection for infection control follow-up.
 - 915 G. The operating rooms shall be supervised by an experienced registered professional nurse.
 - 916 H. The following equipment shall be available to the operating suite: emergency call system,
917 oxygen, mechanical ventilatory assistance equipment, including airways and manual
918 breathing bag, cardiac defibrillator, cardiac monitoring equipment, thoracotomy set,
919 tracheotomy set, laryngoscopes and endotracheal tubes, suction equipment, emergency
920 drugs and supplies specified by the medical staff. Personnel trained in the use of
921 emergency equipment and in cardiopulmonary resuscitation must be available whenever
922 there is a patient in the ambulatory surgical facility.
 - 923 I. Precautions shall be taken to eliminate shock hazards, including use of shoe covers.
 - 924 J. Rules and regulations or policies related to the operating room shall be available for
925 ambulatory surgical facility personnel and physicians.

926
927 **Section C -- Anesthesia**

928
929 **303.1**

- 930
931 The department of anesthesia shall have effective policies and procedures regarding staff
932 privileges, the administration of anesthetics, and the maintenance of strict safety control.
933
- 934 A. A preoperative evaluation of the patient within 24 hours of surgery shall be done by a
935 physician to determine the risk of anesthesia and of the procedure to be performed.
 - 936 B. Before discharge from the ambulatory surgical facility, each patient shall be evaluated by
937 an anesthesiologist or certified registered nurse anesthetist for proper anesthesia recovery
938 and discharged in the company of a responsible adult unless otherwise specified by the
939 physician.
 - 940 C. Anesthetic agents shall be administered by only a qualified anesthesiologist, a physician
941 qualified to administer anesthetic agents or a certified registered nurse anesthetist.
 - 942 D. The department of anesthesia shall be responsible for all anesthetic agents administered
943 in the ambulatory surgical facility.
944
 - 945 E. In the ambulatory surgical facility where there is no department of anesthesia, the
946 department of surgery shall assume the responsibility of establishing general policies and
947 supervising the administration of anesthetic agents.

948 F. Safety precautions shall be in accordance with N.F.P.A. Bulletin 56-A, 1981.

949

950 **Section D -- Department of Dentistry**

951

952 **304.1**

953

954 According to the procedure established for the appointment of the medical staff, one or more
955 licensed dentists may be appointed to the staff. If this service is organized, its organization is
956 comparable to that of other services or departments.

957

958 A. The above members shall be qualified legally, professionally, and ethically for the
959 positions to which they are appointed.

960 B. Patients admitted for the above services shall be admitted by a physician.

961 C. There shall be medical survey done and recorded by a member of the medical staff before
962 surgery is done and a physician in attendance who is responsible for the medical care of
963 the patient.

964 D. There shall be specific bylaws concerning dentists and combined with the medical staff
965 by-laws.

966 E. The staff bylaws and regulations shall specifically delineate the rights and privileges of
967 the dentists.

968 F. Complete records, both medical and surgical, shall be required on each patient and shall
969 be a part of the ambulatory surgical facility records.

970

971 **Section E -- Sanitary Environment**

972

973 **305.1**

974

975 The ambulatory surgical facility shall provide a safe and sanitary environment, properly
976 constructed, equipped, and maintained to protect the health and safety of patients.

977

978 A. An infection committee, or comparable arrangement, composed of members of the
979 medical staff, nursing staffs, administration and other services of the ambulatory surgical
980 facility, shall be established and shall be responsible for investigating, controlling and
981 preventing infections documentation of such meetings and an attendance roster.

982 B. There shall be written procedures to govern the use of aseptic techniques and procedures
983 in all areas of the ambulatory surgical facility.

984 C. To keep infections at a minimum, such procedures and techniques shall be regularly
985 reviewed by the infection committee annually.

986 D. Continuing education shall be provided to all ambulatory surgical facility personnel on
987 causes, effects, transmission, prevention, and elimination of infection on an annual basis.

988 E. A continuing process shall be enforced for inspection and reporting of any ambulatory
989 surgical facility employee with an infection who may be in contact with patients on the
990 patient's environment.

991

992 **Section F -- Central Sterile Supply**

993

994 **306.1**

995

996 Policies and procedures shall be maintained for method of control used in relation to the
997 sterilization of supplies and water and a written policy requiring sterile supplies to be
998 reprocessed at specific time periods. These areas shall be separated:

999

1000 A. Receiving and clean-up area, to contain a two-compartment sink with two drain boards.

1001 B. Pack make-up shall have autoclaves, work counter and unsterile storage.

1002 C. Sterile storage area should have pass-through to corridor.

1003

1004 **Section G -- Pharmaceutical Services**

1005

1006 **307.1**

1007

1008 **Administering Drugs and Medicines.** Drugs and medicines shall not be administered to
1009 patients unless ordered by a physician duly licensed to prescribe drugs. Such orders shall be in
1010 writing and signed personally by the physician who prescribes the drug or medicine.

1011

1012 **307.2**

1013

1014 **Medicine Storage.** Medicines and drugs maintained on the nursing unit for daily administration
1015 shall be properly stored and safe-guarded in enclosures of sufficient size, and which are not
1016 accessible to unauthorized persons. Only authorized personnel shall have access to storage
1017 enclosures.

1018

1019 **307.3**

1020

1021 **Safety.** Pharmacies and drug rooms shall be provided with safeguards to prevent entrance of
1022 unauthorized persons, including bars on accessible windows and locks on doors. Controlled
1023 drugs shall be stored in a securely constructed room or cabinet, in accordance with applicable
1024 federal and state laws.

1025

1026 **307.4**

1027

1028 **Narcotic Permit.** An in-house pharmacy shall procure a state controlled drug permit if a stock of
1029 controlled drugs is to be maintained. The permit shall be displayed in a prominent location.

1030

1031 **307.5**

1032

1033 **Records.** Records shall be kept of all stock supplies of controlled substances giving an
1034 accounting of all items received and/or administered.

1035

1036

1037 **307.6**

1038

1039 **Medication Orders.** All oral or telephone orders for medications shall be received by a
1040 registered nurse, a physician or registered pharmacist and shall be reduced to writing on the
1041 physician's order record reflecting the prescribing physician and the name and title of the person
1042 who wrote the order. Telephone or oral orders shall be signed by the prescribing physician within
1043 48 hours. The use of standing orders will be according to written policy.

1044

1045 **307.7**

1046

1047 **Pharmacy Permits.**

1048

1049 A. In circumstances where the facility employs a full-time or part-time pharmacist, the
1050 facility shall have obtained the appropriate pharmacy permit from the Mississippi State
1051 Board of Pharmacy. The facility shall not dispense medications to outpatients without the
1052 pharmacy permit.

1053 OR

1054 B. The facility may procure medications for its patients through community pharmacists.
1055 Individual medication containers shall be properly labeled, and shall be properly stored in
1056 individual patient medication bins/trays within a lockable area, room or cabinet.

1057 OR

1058 C. The facility may procure medications via the facility's physician's registration.
1059 Physicians shall administer or shall order medications to be administered to patients
1060 while in the facility attending physician. The only exception is in cases of A. above. In
1061 any case where medication controlled substances are stocked within the facility, a
1062 designated individual shall be responsible for the overall supervision of the handling,
1063 administration, storage, record keeping and final dispensation of medication.

1064

1065 **307.8**

1066

1067 **Controlled Substances -- Anesthetizing Areas:**

1068

1069 **307.8a**

1070

1071 **Dispensing Controlled Substances.** All controlled substances shall be dispensed to the
1072 responsible person (or Supervisor, SRNA, Anesthesiologist, etc.) designated to handle controlled
1073 substances in the operating room by a registered pharmacist in the Ambulatory Surgical Facility.
1074 When the controlled substance is dispensed, the following information shall be recorded into the
1075 Controlled Substance (proof-of-use) Record.

1076

1077 A. Signature of pharmacist dispensing the controlled substance.

1078 B. Signature of designated licensed person receiving the controlled substance.

1079 C. The date and time controlled substance is dispensed.

1080 D. The name, the strength, and quantity of controlled substance dispensed.

1081 E. The serial number assigned to that particular record, which corresponds to same number
1082 recorded in the pharmacy's dispensing record.

1083

1084 **307.8b**

1085

1086 **Security/Storage of Controlled Substances.** When not in use, all controlled substances shall be
1087 maintained in a securely locked, substantially constructed cabinet or area. All controlled
1088 substance storage cabinets shall be permanently affixed. Controlled substances removed from the
1089 controlled substance cabinet shall not be left unattended.

1090

1091 **307.8c**

1092

1093 **Controlled Substance Administration Accountability.** The administration of all controlled
1094 substances to patients shall be carefully recorded into the anesthesia record. The following
1095 information shall be transferred from the anesthesia record to the controlled substance record by
1096 the administering practitioner during the shift in which the controlled substance was
1097 administered.

1098

- 1099 A. The patient's name.
1100 B. The name of the controlled substance and the dosage administered.
1101 C. The date and time the controlled substance is administered.
1102 D. The signature of the practitioner administering the controlled substance.
1103 E. The wastage of any controlled substance.
1104 F. The balance of controlled substances remaining after the administration of any quantity
1105 of the controlled substance.
1106 G. Day-ending or shift-ending verification of count of balances of controlled substances
1107 remaining, and controlled substances administered shall be accomplished by two (2)
1108 designated licensed persons whose signatures shall be affixed to a permanent record.

1109

1110 **307.8d**

1111

1112 **Waste of Controlled Substances.**

1113

- 1114 1. All partially used quantities of controlled substances shall be wasted at the end of each
1115 case by the practitioner, in the presence of a licensed person. The quantity, expressed in
1116 milligrams, shall be recorded by the wasting practitioner into the anesthesia record and
1117 into the controlled substance record followed by his or her signature. The licensed record
1118 witnessing the wastage of controlled substances shall co-sign the controlled substance
1119 record.
1120 2. All unused and unopened quantities of controlled substances which have been removed
1121 from the controlled substance cabinet shall be returned to the cabinet by the practitioner
1122 at the end of each shift.
1123 3. Any return of controlled substances to the pharmacy in the Ambulatory Surgical Facility
1124 must be documented by a registered pharmacist responsible for controlled substance
1125 handling in the Ambulatory Surgical Facility.

1126 **307.8e**

1127

1128 **Verification of Controlled Substances Administration.** The Ambulatory Surgical Facility shall
1129 implement procedures whereby, on a periodic basis, a registered pharmacist shall reconcile
1130 quantities of controlled substances dispensed in the Ambulatory Surgical Facility to the
1131 anesthetizing area against the controlled substance record in said area. Any discrepancies shall be
1132 reported to the Director of Nursing and to the Chief Executive Officer of the Ambulatory
1133 Surgical Facility. Upon completion, all Controlled Substance Records shall be returned from the
1134 anesthetizing area to the Ambulatory Surgical Facility's pharmacy by the designated responsible
1135 person in the anesthetizing area.

1136

1137 **Section H -- Radiology Services**

1138

1139 **308.1**

1140

1141 **Personnel.** When the facility provides in-house radiological services a qualified technician shall
1142 be employed.

1143

1144 **308.2**

1145

1146 **Reports.** All X-rays shall be interpreted by a physician or a dentist when oral surgery is
1147 conducted and a written report of findings shall be made a part of the patient's record.

1148

1149 **308.3**

1150

1151 **Policies and Procedures.** When X-ray is provided by the facility, written policies and
1152 procedures shall be developed for all services provided by the radiology department.

1153

1154

1155 **308.4**

1156

1157 **Physical Environment.** If in-house capabilities are provided, the area shall be of sufficient size
1158 and arrangement to provide for personnel and patient needs.

1159

1160 **308.5**

1161

1162 **Safety.** Staff personnel exposed to radiation must be checked periodically for amount of
1163 radiation exposure by the use of exposure meters or badges. The radiological equipment shall be
1164 appropriately shielded to conform to state law. It shall be regularly checked by state health
1165 authorities and any hazards promptly corrected.

1166

1167 **Section I -- Laboratory Services**

1168

1169 **309.1**

1170

1171 The facility may either provide a clinical laboratory or make contractual arrangements with an
1172 approved outside laboratory to perform services commensurate with the needs of the facility.

1173

1174 **309.2**

1175

1176 **Qualifications of Outside Laboratory.** An approved outside laboratory may be defined as a
1177 free-standing independent laboratory or a hospital-based laboratory which in either case has been
1178 appropriately certified or meets equivalent standards as a provider under the prevailing
1179 regulations of P.L. 89-97, Titles XVIII and XIX (Medicare/Medicaid).

1180

1181 **309.3**

1182

1183 **Agreements.** Such contractual arrangements shall be deemed as meeting the requirements of this
1184 section so long as those arrangements contain written policies, procedures and individual chart
1185 documentation to disclose that the policies of the facility are met and the needs of the patients are
1186 being provided. Written original reports shall be a part of the patient's chart.

1187

1188 **309.4**

1189

1190 **In-House Laboratories.**

1191

- 1192 A. In-house laboratories shall be well-organized and properly supervised by qualified
1193 personnel.
- 1194 B. The laboratory will be of sufficient size and adequately equipped to perform the
1195 necessary services of the facility.
- 1196 C. Provisions shall be made for preventive maintenance and an acceptable quality control
1197 program covering all types of analyses performed by the laboratory. Documentation will
1198 be maintained.
- 1199 D. Written policies and procedures shall be developed and approved for all services
1200 provided by the laboratory.
- 1201 E. When tissue removed in surgery is examined by a pathologist, either macroscopically or
1202 microscopically, as determined by the treating physician and the pathologist, the
1203 pathology report shall be made a part of the patient's record.
- 1204 F. Arrangements shall be made for immediate pathological examinations, when appropriate.
- 1205 G. The laboratory must provide pathologists' services, as necessary.

1206

1207

1208

1209

1210

1211

1212 **Part IV**

1213

1214 **Environment**

1215

1216 **Section A -- Patient Areas**

1217

1218 **401.1**

1219

1220 A. Patient Rooms (if provided):

1221

1222 1. Shall contain 100 square feet of floor space for one bedroom and 80 square feet
1223 per bed for each multi-bedroom.

1224 2. Ceiling height of patients' rooms shall be 8'0" minimum.

1225 3. Storage. Each patient shall be provided with secured hanging storage space for
1226 their personal belongings.

1227 4. Furnishing:

1228 a. Bed. Each patient room or area shall be equipped with a hospital type bed with
1229 an adjustable spring.

1230 b. Bedside cabinet. It shall contain water service, bedpan, urinal and emesis
1231 basin (these may be disposable).

1232 5. Cubicle for privacy in all multi-bedrooms shall be provided. They shall have a
1233 flame spread of 25 or less.

1234 6. All walls shall be suitable for washing.

1235 7. A lavatory, equipped with wrist-action handles, shall be located in the room or in
1236 an adjacent private toilet room. (A bedpan washer is recommended.)

1237 8. Patient bed light shall be provided.

1238 9. Electric nurse call for every bed and other access shall be provided with
1239 annunciator at nurses station and nurses work area.

1240

1241 **401.2**

1242

1243 B. Service Areas.

1244

1245 1. Nurses station for nurses charting, doctors charting, communication and storage
1246 for supplies and nurses personal effects. The station should accommodate at least
1247 three (3) persons.

1248 2. Nurses toilet with lavatory, convenient to nurses station.

1249 3. Clean work room for storage and assembly of supplies for nursing procedures
1250 shall contain storage cabinets or storage carts, work counter and sink.

1251 4. Soiled utility shall contain deep sink, work counter, waste receptacle, soiled linen
1252 receptacle, and provision for washing bedpans if not provided elsewhere.

1253 5. Medicine station, adjacent to nurses' station, with sink, small refrigerator, locked
1254 storage, narcotic locker and work counter.

1255 6. Clean linen storage. A closet large enough to hold adequate supply of clean linen.

1256 7. Provision for preoperative or postoperative nourishments.

- 1257 8. Stretcher and wheelchair storage area.
1258 9. Janitors closet, only large enough to contain floor receptor with plumbing and
1259 space for some supplies and mop buckets.
1260

1261 **401.3**

1262
1263 C. Surgical Suite.
1264

- 1265 1. This area shall be located so as to prevent through traffic and shall contain:
1266 At least one operating room with adequate sterile storage cabinets or number of
1267 operating rooms shall be based on the expected surgical workload.
1268 2. A service area shall include:
1269 a. Surgical supervisor's station.
1270 b. Provision will be made for high speed sterilization of dropped instruments
1271 or pre-package instruments readily available for the operating room, if
1272 more than 50 feet from central supply.
1273 c. Scrub station for two persons to scrub simultaneously.
1274 d. Clean-up room with two-compartment sink and drainboard and space for a
1275 dirty linen hamper.
1276 e. Oxygen and nitrous oxide storage in compliance with National Fire
1277 Protection Association Bulletin 56-A.
1278 f. Janitors closet only large enough to contain floor receptor with plumbing
1279 and space for some supplies and mop buckets.
1280 g. Doctors locker room containing toilet and shower with entry from non-
1281 sterile area and exit into sub-sterile area.
1282 h. Nurses locker room containing toilet and shower with entry from non-
1283 sterile area and exit into sub-sterile area.
1284 i. Stretcher storage.
1285 3. All finishes shall be capable of repeated scrubbing.
1286 4. The use of flammable anesthetic gases is prohibited.
1287 5. The temperature shall be maintained a 70-76 degrees Fahrenheit with a humidity
1288 level 50% to 60% and a 90% filter.
1289 6. Special lighting shall be supplied that eliminates shadows in the operating field
1290 with enough background illumination to avoid excessive contrast. Isolated power
1291 system is required. Emergency lighting shall comply with Standards of
1292 Emergency Electrical Service.
1293 7. Appropriate fire extinguisher shall be provided in the surgical suite.
1294

1295 **401.4**

1296
1297 D. Recovery Room Suite.
1298

- 1299 1. Recovery room shall contain charting space, medication storage and preparation
1300 and sink required.
1301 2. Each patient shall have readily available oxygen, suction and properly grounded
1302 outlets. Each bed shall be readily adjustable to various therapeutic positions,

- 1303 easily moved for transport, shall have a locking mechanism for a secure stationary
1304 position and a removable headboard.
- 1305 3. Direct visual observation of all patients shall be possible from a central vantage
1306 point, yet from the activity and noise of the unit by partitions, drapes and acoustic
1307 ceilings.
- 1308 4. Eighty (80) square feet shall be provided each bed or stretcher to make easily
1309 accessible for routine and emergency care of the patients and also to
1310 accommodate bulky equipment that may be needed.
- 1311 5. There shall be an alarm system for unit personnel to summon additional personnel
1312 in an emergency. The alarm shall be connected to any area where unit personnel
1313 might be, physician lounges, nurses lounges or stations.
- 1314 6. The kind and quality of equipment shall depend upon the needs of the patients
1315 treated. Diagnostic monitoring and resuscitative equipment, such as respiratory
1316 assist apparatus, defibrillators, pacemakers, phlebotomy and tracheostomy sets,
1317 endotracheal tubes, laryngoscopes and other such devices shall be easily
1318 available within the units, and in good working order. There shall be a written
1319 preventive maintenance program that includes techniques for cleaning and for
1320 contamination control, as well as for the periodic testing of all equipment.
- 1321 7. Expert advice concerning the safe use of, and preventive maintenance for all
1322 biomedical devices and electrical installations shall be readily available at all
1323 times. Documentation of safety testing shall be provided on a regular basis to unit
1324 supervisors.
- 1325 8. There shall be written policies and procedures for the recovery room suite, which
1326 supplements the basic ambulatory surgical facility policies and procedures shall
1327 be developed and approved by the medical staff, in cooperation with the nursing
1328 staff.

1329
1330 **Section B -- General Service Facilities**

1331
1332 **402.1**

1333
1334 **Admission Office.** There shall be a room designated as the admission office where patients may
1335 discuss personal matters in private. The admission office may be combined with the business
1336 office and medical record room if privacy can be maintained when confidential matters are being
1337 discussed. This space shall be separated from the treatment area by walls and partitions.

1338
1339 **402.2**

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1341 **Waiting Room.** A waiting room in the administrative section shall be provided with sufficient
1342 seating for the maximum number of persons that may be waiting at any time. Public
1343 toilets/public telephones and drinking fountains, accessible to individuals with disabilities
1344 shall be available.

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1349 **402.3**

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1351 **Administrative Area Nursing.**

1352 A. Space for conference and in-service training.

1353 B. Director of nurses office.

1354

1355 **Section C -- Plans and Specifications**

1356

1357 **403.1**

1358

1359 **New Construction, Additions, and Major Alterations.** When construction is
1360 contemplated, either for new buildings, conversions, additions, or major alterations to
1361 existing buildings, or portions of buildings coming within the scope of these rules, plans
1362 and specifications shall be submitted for review and approval to the Mississippi State
1363 Department of Health.

1364

1365 **403.2**

1366

1367 **Minor Alterations and Remodeling.** Minor alterations and remodeling which do not affect
1368 the structural integrity of the building, which do not change functional operation, which
1369 do not affect fire safety, and which do not add beds or facilities over those for which the
1370 surgical facility is
1371 licensed need not be submitted for approval.

1372

1373 **403.3**

1374

1375 **Water Supply, Plumbing and Drainage.** No system of water supply, plumbing,
1376 sewerage, garbage or refuse disposal shall be installed, nor any such existing system
1377 materially altered or extended until complete plans and specifications for the installation,
1378 alteration or extension have been submitted to the Mississippi State Department of Health
1379 for review and approval.

1380

1381 **403.4**

1382

1383 **First Stage Submission - Preliminary Plans.**

1384

1385 A. First stage or preliminary plans shall include the following:

1386 1. Plot plans showing size and shape of entire site, location of proposed
1387 building and any existing structures, adjacent streets, highways, sidewalks,
1388 railroad, etc., all properly designated; size, characteristics, and location of
1389 all existing public utilities.

1390 2. Floor plans showing overall dimensions of buildings; location, size and
1391 purpose of all rooms; location and size of all doors, windows, and other
1392 openings with swing of doors properly indicated; and location of stairs,
1393 elevators, dumbwaiters, vertical shafts, and chimneys.

1394 3. Outline specifications listing the kind and type of materials.

1395 B. Approval of preliminary plans and specifications shall be obtained from the
1396 Mississippi State Department of Health prior to starting final working drawings
1397 and specifications.
1398

1399 **403.5**

1400

1401 **Final Stage Submission - Working Drawings and Specifications.**

1402

1403 A. Final stage or working drawings and specifications shall include the following:

1404

1405 1. Architectural drawings.

1406 2. Structural drawings.

1407 3. Mechanical drawings to include plumbing, heating and air conditioning.

1408 4. Electrical drawings.

1409 5. Detailed specifications.

1410 B. Approval of working drawings and specifications shall be obtained from the
1411 Mississippi State Department of Health prior to beginning actual construction.
1412

1413 **403.6**

1414

1415 **Preparation of Plans and Specifications.** The preparation of drawings and
1416 specifications shall be executed by or be under the immediate supervision of an architect
1417 registered in the State of Mississippi.
1418

1419 **403.7**

1420

1421 **Contract Modifications.** Any contract modification which affects or changes the
1422 function, design or purpose of a facility shall be submitted to and approved by the
1423 Mississippi State Department of Health prior to beginning work set forth in any contract
1424 modification.
1425

1426 **403.8**

1427

1428 **Inspections.** The Mississippi State Department of Health and its authorized
1429 representative shall have access to the work for inspection whenever it is in preparation
1430 or progress.
1431

1432 **Section D -- General**

1433

1434 **404.1**

1435

1436 **Location.** The ambulatory surgical facility shall be located in an attractive setting with
1437 sufficient parking space provided, with provisions for meeting the needs of the
1438 individuals with disabilities. Also, the facility shall be located within 15 minutes travel
1439 time from a hospital which has an emergency room staffed by an in-house physician

1440 during the hours the ambulatory surgical facility is open. Site approval by the licensing
1441 agency must be secured before construction begins.

1442

1443 **404.2**

1444

1445 **Local Restriction.** The ambulatory surgical facility shall comply with local zoning,
1446 building, and fire ordinances. In addition, ambulatory surgical facilities shall comply
1447 with all applicable state and federal laws.

1448

1449 **404.3**

1450

1451 **Structural Soundness.** The building shall be structurally sound, free from leaks and
1452 excessive moisture, in good repair, and painted at intervals to be reasonably attractive
1453 inside and out.

1454

1455 **404.4**

1456

1457 **Fire Extinguisher.** An all purpose fire extinguisher shall be provided at each exit and
1458 special hazard areas, and located so a person would not have to travel more than 75 feet
1459 to reach an extinguisher. Fire extinguishers shall be of a type approved by the local fire
1460 department or State Fire Marshall and shall be inspected at least annually. An attached
1461 tag shall bear the initials or name of the inspector and the date inspected.

1462

1463 **404.5**

1464

1465 **Ventilation.** The building shall be properly ventilated at all times with a comfortable
1466 temperature maintained and 30% filters in all areas except surgery.

1467

1468 **404.6**

1469

1470 **Garbage Disposal.** Space and facilities shall be provided for the sanitary storage and
1471 disposal of waste by incineration, containerization, removal, or by a combination of these
1472 techniques. Infectious waste materials shall be rendered noninfectious on the premises
1473 by appropriate measures.

1474

1475 **404.7**

1476

1477 **Elevators.** Multi-story facilities shall be equipped with at least one automatic elevator of
1478 a size sufficient to carry a patient on a stretcher.

1479

1480 **404.8**

1481

1482 **Multi-Story Building.** All multi-story facilities shall be of fire resistive construction in
1483 accordance with N.F.P.A. 220, Standards Types of Building Construction. If the facility
1484 is part of a series of buildings, it shall be separated by fire walls.

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404.9

Doors. Minimum width of doors to all rooms needing access for stretchers shall be 3 feet 8 inches wide and doors shall swing into rooms.

404.10

Corridors. Corridors shall comply with the following:

- A. Corridors used by patients shall be as a minimum six feet wide.
- B. Service corridors may be as a minimum four feet wide.

404.11

Occupancy. No part of an ambulatory surgical facility may be rented, leased or used for any commercial purpose, or for any purpose not necessary or in conjunction with the operation of the facility. Food and drink machines may be maintained or a diet kitchen provided.

404.12

Lighting. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.

404.13

Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, operating rooms, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure.

404.14

Emergency Power. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency failure outlets shall be provided in all patient care areas.

404.15

Exits. Each floor of a facility shall have two or more exit ways remote from each other, leading directly to the outside or to a two-hour fire resistive passage to the outside. Exits shall be so located that the maximum distance from any point in a floor area, room or space to an exit doorway shall not exceed 100 feet except that when a sprinkler system is installed the distance of travel shall not exceed 150 feet.

1532 **404.16**

1533

1534 **Exit Doors.** Exit doors shall meet the following criteria:

1535

1536 A. Shall be no less than 44 inches wide.

1537 B. Shall swing in the direction of exit and shall not obstruct the travel along any
1538 required fire exit.

1539 **404.17**

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1541 **Exit Signs.** Exits shall be equipped with approved illuminated signs bearing the word
1542 "Exit" in letters at least 4 1/2 inches high. Exit signs shall be placed in corridors and
1543 passageways to indicate the direction of exit.

1544

1545 **404.18**

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1547 **Interior Finish and Decorative Materials.** All combustible decorative and acoustical
1548 material to include wall paneling shall be as follows:

1549

1550 A. Materials on wall and ceiling in corridors and rooms occupied by four or more
1551 persons shall carry a flame spread rating of 25 or less and a smoke density rating
1552 of 450 or less in accordance with ASTM E-84.

1553 B. Rooms occupied by less than four persons shall have a flame spread rating of 75
1554 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

1555

1556 **404.19**

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1558 **Floors.** All floors in operating and recovery areas shall be smooth resilient tile and be
1559 free from cracks and finished so that they can be easily cleaned. All other floors shall be
1560 covered with hard tile resilient tile or carpet or the equivalent. Carpeting is prohibited as
1561 floor covering in operating and recovery areas.

1562

1563 **404.20**

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1565 **Carpet.** Carpet assemblies (carpet and/or carpet and pad) shall carry a flame spread
1566 rating of 75 or less and smoke density rating of 450 or less in accordance with ASTM E-
1567 84, or shall conform with paragraph 6-5, N.F.P.A. 101, Life Safety Code, 1981.

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1569 **404.21**

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1571 **Curtains.** All draperies and cubicle curtains shall be rendered and maintained flame
1572 retardant.

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1578 **404.22**

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1580 **Facilities for Individuals with Disabilities.** The facility shall be accessible to
1581 individuals with disabilities and shall comply with A.N.S.I. 117.1, "Making Buildings
1582 and Facilities Accessible and Usable by Individuals with Disabilities".

1583

1584 **404.23**

1585

1586 **Disaster Preparedness Plan**

1587

1588 The facility shall maintain a written disaster preparedness plan that includes procedures
1589 to be followed in the event of fire, train derailment, explosions, severe weather, and other
1590 possible disasters as appropriate for the specific geographic location. The plan shall
1591 include:

1592

1593 A. Written evidence that the plan has been reviewed and coordinated with the licensing
1594 agency's local emergency response coordinator and the local emergency manager;

1595 B. Description of the facility's chain of command during emergency management,
1596 including 24-hour contact information and the facility's primary mode of emergency
1597 communication system;

1598 C. Written and signed agreements that describe how essential goods and services, such
1599 as water, electricity, fuel for generators, laundry, medications, medical equipment, and
1600 supplies, will be provided;

1601 D. Shelter or relocation arrangements, including transportation arrangements, in the
1602 event of evacuation; and

1603 E. Description of recovery, i.e., return of operations following an emergency.

1604

1605 **404.24**

1606

1607 The disaster preparedness plan shall be reviewed with new employees during orientation
1608 and at least annually.

1609

1610 **404.25**

1611

1612 Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least
1613 annually.

1614

1615 **Conclusion**

1616

1617 **405.1**

1618

1619 Conditions which have not been covered in the standards shall be enforced in accordance
1620 with the best practices as interpreted by the licensing agency. The licensing agency
1621 reserves the right to:

1622

- 1623 A. Review the payroll records of each ambulatory surgical facility for the purpose of
1624 verifying staffing patterns.
- 1625 B. Grant variances as it deems necessary for facilities existing prior to July 1, 1983.
- 1626 C. Information obtained by the licensing agency through filed reports, inspection, or
1627 as otherwise authorized, shall not be disclosed publicly in such manner as to
1628 identify individuals or institutions, except in proceedings involving the questions
1629 of licensure.
- 1630 D. The licensing agency shall reserve the right to review any and all records and
1631 reports of any ambulatory surgical facility, as deemed necessary to determine
1632 compliance with these minimum standards of operation.
1633

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