

1 **Title 15 - Mississippi Department of Health**

2 **Part III – Office of Health Protection**

3 **Subpart 01 – Health Facilities Licensure and Certification**

4 **CHAPTER 42 MINIMUM STANDARDS OF OPERATION FOR AMBULATORY**
5 **SURGICAL FACILITIES**

6 **PART I GENERAL**

7 **100 LEGAL AUTHORITY**

8 100.01 **Adoption of Regulations.** Under and by virtue of authority vested in it
9 by Mississippi Code Annotated § 41-75-1 thru § 41-75-25 (Supplement
10 1986), the Mississippi Department of Health, as licensing agency, does
11 hereby adopt and promulgate the following rules, regulations, and
12 standards governing ambulatory surgical facilities licensed to operate in
13 the State of Mississippi.

14 100.02 **Procedures Governing Amendments.** The rules, regulations, and
15 minimum standards for ambulatory surgical facilities may be amended
16 by the licensing agency from time to time as necessary to promote the
17 health, safety, and welfare of persons receiving services in such
18 institutions.

19 100.03 **Inspections Required.** Each ambulatory surgical facility for which a
20 license has been issued shall be inspected by the Mississippi Department
21 of Health or by persons delegated with authority by said Mississippi
22 Department of Health at such intervals as the Department may direct.
23 Mississippi Department of Health and/or its authorized representatives
24 shall have the right to inspect construction work in progress. New
25 ambulatory surgical facilities shall not be licensed without having first
26 been inspected for compliance with these rules, regulations, and
27 minimum standards.

28 **101 DEFINITIONS**

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

31 101.01 **Administrator.** The term "administrator" shall mean a person who is
32 delegated the responsibility for the implementation and proper
33 application of policies and programs established by the governing
34 authority of the facility and is delegated responsibility for the
35 establishment of safe and effective administrative management, control

36 and operation of the services provided. This definition applies to a
37 person designated as Chief Executive Officer or other similar title.

38 101.02 **Ambulatory Surgery**. Shall mean surgical procedures that are more
39 complex than office procedures performed under local anesthesia, but
40 less complex than major procedures requiring prolonged postoperative
41 monitoring and hospital care to ensure safe recovery and desirable
42 results. General anesthesia is used in most cases. The patient must arrive
43 at the facility and expect to be discharged on the same day. Ambulatory
44 surgery shall only be performed by physicians or dentists licensed to
45 practice in the State of Mississippi.

46 101.03 **Ambulatory Surgical Facility**. Shall mean a publicly or privately
47 owned institution which is primarily organized, constructed, renovated or
48 otherwise established for the purpose of providing elective surgical
49 treatment of outpatients whose recovery, under normal and routine
50 circumstances, will not require inpatient care. Such facility as herein
51 defined does not include the offices of private physicians or dentists
52 whether practicing individually or in groups, but does include
53 organizations or facilities primarily engaged in such outpatient surgery
54 whether using the name "ambulatory surgical facility" or a similar or
55 different name. Such organization or facility, if in any manner
56 considered to be operated or owned by a hospital or a hospital holding,
57 leasing or management company, either for profit or not for profit, is
58 required to comply with all Mississippi Department of Health
59 ambulatory surgical licensure standards governing a hospital affiliated
60 facility as adopted under Section 41-91-1 et seq, Mississippi Code of
61 1972; provided that such organization or facility does not intend to seek
62 federal certification as an ambulatory surgical facility as provided for at
63 42 CFR, Parts 405 and 416. Further, if such organization or facility is to
64 be operated or owned by a hospital or a hospital holding, leasing or
65 management company and intends to seek federal certification as an
66 ambulatory facility, then such facility is considered to be freestanding
67 and must comply with all Mississippi Department of Health ambulatory
68 surgical licensure standards governing a freestanding facility. If such
69 organization or facility is to be owned or operated by an entity or person
70 other than a hospital or hospital holding, leasing or management
71 company, then such organization or facility must comply with all
72 Mississippi Department of Health ambulatory surgical facility standards
73 governing a freestanding facility.

74 101.04 **Hospital Affiliated Ambulatory Surgical Facility**. Shall mean a
75 separate and distinct organized unit of a hospital or a building owned,
76 leased, rented or utilized by a hospital and located in the same county in
77 which the hospital is located for the primary purpose of performing
78 ambulatory surgery procedures. Such facility is not required to be
79 separately licensed under the statute and may operate under the hospital's

- 80 license in compliance with all applicable requirements of Section 41-9-1
81 et seq.
- 82 101.05 **Freestanding Ambulatory Surgical Facility**. Shall mean a separate and
83 distinct facility or a separate and distinct organized unit of a hospital
84 owned, leased, rented or utilized by a hospital or other persons for the
85 primary purpose of performing ambulatory surgery procedures. Such
86 facility must be separately licensed as herein defined and must comply
87 with all licensing standards promulgated by the Mississippi Department
88 of Health under this statute regarding freestanding ambulatory surgical
89 facility. Further, such facility must be a separate, identifiable entity and
90 must be physically, administratively and financially independent and
91 distinct from other operations of any other health facility, and shall
92 maintain a separate organized medical and administrative staff.
93 Furthermore, once licensed as a freestanding ambulatory surgical
94 facility, such facility shall not become a component of any other health
95 facility without securing a certificate of need to do such.
- 96 101.06 **Anesthesiologist**. A physician whose specialized training and experience
97 qualify him/her to administer anesthetic agents and to monitor the patient
98 under the influence of these agents.
- 99 101.07 **Anesthetist**. A physician or dentist qualified and trained to administer
100 anesthetic agents or a certified registered nurse qualified to administer
101 anesthetic agents.
- 102 101.08 **Change of Ownership**. The term "change of ownership" includes, but is
103 not limited to, inter vivos gifts, purchases, transfers, leases, cash and/or
104 stock transaction or other comparable arrangements whenever the person
105 or entity acquires an interest of fifty percent (50%) or more of the facility
106 or services. Changes of ownership from partnerships, single
107 proprietorships or corporations to another form of ownership are
108 specifically included, provided, however, "change of ownership" shall
109 not include any inherited interest acquired as a result of a testamentary
110 instrument or under the laws of descent and distribution of the State of
111 Mississippi.
- 112 101.09 **Dentist**. A person who holds a valid license issued by the Mississippi
113 State Board of Dental Examiners to practice dentistry.
- 114 101.10 **Director of Nursing**. The term "director of nursing" means a registered
115 nurse with supervisory and administrative ability who is responsible to
116 the chief executive officer for supervision of nursing service for entire
117 facility at all times. Qualifications of directory of nursing:
- 118 1. Shall be a graduate of a professional school of nursing.
 - 119 2. Shall currently be licensed by the Mississippi Board of Nursing.

- 120 3. Shall have at least one year of experience in medical surgical
 121 nursing and one year of surgical nursing and one year of surgical
 122 environment nursing.
- 123 4. Shall have good mental and physical health.
- 124 101.11 **Governing Authority.** The term "governing authority" shall mean
 125 owner(s) associations, county board of supervisors, board of trustees, or
 126 any other comparable designation of an individual or group of
 127 individuals who have the purpose of owning, acquiring, constructing,
 128 equipping, operating, and/or maintaining ambulatory surgical facilities
 129 and exercising control over the affairs and in which the ultimate
 130 responsibility and authority of the facility is vested.
- 131 101.12 **Licensed Practical Nurse.** "Licensed practical nurse" (LPN) means any
 132 person licensed as such by the Mississippi State Board of Nursing.
- 133 101.13 **License.** The term "license" shall mean the document issued by the
 134 Mississippi Department of Health and signed by the Executive Director
 135 of the Mississippi Department of Health. Licensure shall constitute
 136 authority to receive patients and perform the services included within the
 137 scope of these rules, regulations, and minimum standards.
- 138 101.14 **Licensee.** The term "licensee" shall mean the individual to whom the
 139 license is issued and upon whom rests the responsibility for the operation
 140 of the ambulatory surgical facility in compliance with these rules,
 141 regulations, and minimum standards.
- 142 101.15 **Licensing Agency.** The term "licensing agency" shall mean the
 143 Mississippi Department of Health.
- 144 101.16 **Nursing Personnel.** The term "nursing personnel" shall mean registered
 145 nurses, graduate nurses, licensed practical nurses, nurses' aides, orderlies,
 146 attendants, and other rendering patient care.
- 147 101.17 **Patient.** The term "patient" shall mean a person admitted to the
 148 ambulatory surgical facility by and upon the recommendation of a
 149 physician and who is to receive medical care recommended by the
 150 physician.
- 151 101.18 **Pharmacy.** The term "pharmacy" shall mean a place licensed by the
 152 Mississippi State Department of Pharmacy where prescriptions, drugs,
 153 medicines and chemicals are offered for sale, compounded or dispensed,
 154 and shall include all places whose titles may imply the sale, offering for
 155 sale, compounding or dispensing of prescriptions, drugs, medicines or
 156 chemicals.

- 157 101.19 **Pharmacist.** The term "pharmacist" shall mean a person currently
 158 licensed by the Mississippi State Board of Pharmacy to practice
 159 pharmacy in Mississippi under the provisions contained in current state
 160 statutes.
- 161 101.20 **Physician.** The term "physician" shall mean a person currently licensed
 162 by the Mississippi State Board of Medical Licensure to practice medicine
 163 and surgery in Mississippi under provisions contained in current state
 164 statutes.
- 165 101.21 **Registered Nurse.** The term "registered nurse" (R.N.) shall mean a
 166 professional registered nurse currently licensed by the Mississippi Board
 167 of Nursing in accordance with the provisions contained in current state
 168 statutes.
- 169 101.22 **Person.** The term "person" means any individual, firm, partnership,
 170 corporation, company, association, or joint stock association, or any
 171 licensee herein or the legal successor thereof.
- 172 101.23 **May.** The term "may" indicates permission.
- 173 101.24 **Shall.** The term "shall" indicates mandatory requirement(s).
- 174 101.25 **Should.** The term "should" indicates recommendation(s).

102 TYPE OF LICENSE

- 176 102.01 **Regular License.** A license shall be issued to each ambulatory surgical
 177 facility that meets the requirements as set forth in these regulations. In
 178 addition, no ambulatory surgical facility may be licensed until it shows
 179 conformance to the regulations establishing minimum standards for
 180 prevention and detection of fire, as well as for protection of life and
 181 property against fire. Compliance with the N.F.P.A. Life Safety Code
 182 101 for doctors' offices and clinics shall be required.
- 183 102.02 **Provisional License.** Within its discretion, the Mississippi Department
 184 of Health may issue a provisional license when a temporary condition of
 185 noncompliance with these regulations exists in one or more particulars.
 186 A provisional license shall be issued only if the Mississippi Department
 187 of Health is satisfied that preparations are being made to qualify for a
 188 regular license and that the health and safety of patients will not be
 189 endangered meanwhile. A new ambulatory surgical facility may be
 190 issued a provision license prior to opening and subsequent to meeting
 191 the required minimum staffing personnel. The provisional license issued
 192 under this condition shall be valid until the issuance of a regular license,
 193 or June 30, following date of issuance of the provisional license, issued
 194 for any reason, shall not exceed 12 months and cannot be reissued.

195 103 LICENSING

- 196 103.01 **Application and Annual Report.** Application for a license or renewal
197 of a license shall be made in writing to the Mississippi Department of
198 Health on forms provided by the Department which shall contain such
199 information as the Mississippi Department of Health may require. The
200 application shall require reasonable, affirmative evidence of ability to
201 comply with these rules, regulations, and minimum standards.
- 202 103.02 **Fee.** In accordance with Section 41-7-173 of the Mississippi Code of
203 1972, as amended, each application for initial licensure shall be
204 accompanied by a fee of Two Thousand Five Hundred Dollars
205 (\$2,500.00), in check or money order, made payable to the Mississippi
206 Department of Health. The fee shall not be refundable after a license has
207 been issued.
- 208 103.03 **Renewal.** A license, unless suspended or revoked, shall be renewable
209 annually upon payment of a renewal fee of Two Thousand Five Hundred
210 Dollars (\$2,500.00), which shall be paid to the Mississippi Department
211 of Health, and upon filing by the licensee and approval by the
212 Mississippi Department of Health of an annual report upon such uniform
213 dates and containing such information in such form as the licensing
214 agency requires. Each license shall be issued only for the premises and
215 person or persons named in the application and shall not be transferable
216 or assignable. Licenses shall be posted in a conspicuous place on the
217 licensed premises.
- 218 103.04 **Name.** Every ambulatory surgical facility designated by a permanent and
219 distinctive name which shall be used in applying for a license and shall
220 not be changed without first notifying the licensing agency in writing
221 and receiving written approval of the change from the licensing agency.
222 Such notice shall specify the name to be discontinued as well as the new
223 name proposed. Only the official name by which the ambulatory surgical
224 facility is licensed shall be used in telephone listings, on stationery, in
225 advertising, etc. Two or more ambulatory surgical facilities shall not be
226 licensed under similar names in the same vicinity. No freestanding
227 ambulatory surgical facility shall include the word "hospital" in its name.
- 228 103.05 **Issuance of License.** All licenses issued by the Mississippi Department
229 of Health shall set forth the name of the ambulatory surgical facility, the
230 location, the name of the licensee, and the license number.
- 231 103.06 **Separate License.** A separate license shall be required for ambulatory
232 surgical facilities maintained on separate premises even though under the
233 same management. However, separate licenses are not required for
234 buildings on the same ground which are under the same management.

235 103.07 **Expiration of License.** Each license shall expire on June 30, following
 236 the date of issuance.

237 103.08 **Denial or Revocation of License: Hearings and Review.** The
 238 Mississippi Department of Health after notice and opportunity for a
 239 hearing to the applicant or licensee, is authorized to deny, suspend, or
 240 revoke a license in any case in which it finds that there has been a
 241 substantial failure to comply with the requirements established under the
 242 law and these regulations.

243 104 **RIGHT OF APPEAL**

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

246 104.01 **Administrative Decision.** The Mississippi Department of Health will
 247 provide an opportunity for a fair hearing to every applicant or licensee
 248 who is dissatisfied with administrative decisions made in the denial or
 249 revocation of license.

250 1. The licensing agency shall notify the applicant or licensee by
 251 registered mail or personal service the particular reasons for the
 252 proposed denial or revocation of license. Upon written request of
 253 applicant or licensee within ten (10) days of the date of such
 254 service at which agency shall fix a date not less than thirty (30)
 255 days from the date of such service at which time the applicant or
 256 licensee shall be given an opportunity for a prompt and fair
 257 hearing.

258 2. On the basis of such hearing or upon default of the applicant or
 259 licensee, the licensing agency shall make a determination
 260 specifying its findings of fact and conclusions of law. A copy of
 261 such determination shall be sent by registered mail to the last
 262 known address of applicant or licensee or served personally upon
 263 the applicant or licensee.

264 3. The decision revoking, suspending, or denying the application or
 265 license shall become final thirty (30) days after it is so mailed or
 266 served unless the applicant or licensee, within such thirty (30) day
 267 period, appeals the decision to the Chancery Court in the county in
 268 which the facility is located, in the manner prescribed in Section
 269 43-11-23, Mississippi Code of 1972, as amended. An additional
 270 period of time may be granted at the discretion of the licensing
 271 agency.

272 104.02 **Penalties.** Any person or persons or other entity or entities establishing,
 273 managing or operating an ambulatory surgical facility or conducting the
 274 business of an ambulatory surgical facility without the required license,

275 or which otherwise violate any of the provisions of this act or the
276 Mississippi Department of Health, as amended, or the rules, regulations
277 or standards promulgated in furtherance of any law in which the
278 Mississippi Department of Health has authority therefore shall be subject
279 to the penalties and sanctions of Section 41-7-209, Mississippi Code of
280 1972.

DRAFT

281 **PART II ADMINISTRATION**282 **105 GOVERNING AUTHORITY**

283 105.01 Each facility shall be under the ultimate responsibility and control of an
284 identifiable governing body, person, or persons.

285 1. The facility's governing authority shall adopt bylaws, rules and
286 regulations which shall:

287 a. Specify by name the person to whom responsibility for
288 operation and maintenance of the facility is delegated and
289 methods established by the governing authority for holding
290 such individuals responsible.

291 b. Provide for at least annual meetings of the governing authority
292 if the governing authority consists of two or more individuals.
293 Minutes shall be maintained of such meetings.

294 c. Require policies and procedures which includes provisions for
295 administration and use of the facility, compliance, personnel,
296 quality assurance, procurement of outside services and
297 consultations, patient care policies and services offered.

298 d. Provide for annual reviews and evaluations of the facility's
299 policies, management, and operation.

300 2. When services such as dietary, laundry, or therapy services are
301 purchased from other the governing authority shall be responsible
302 to assure the supplier(s) meets the same local and state standards
303 the facility would have to meet if it were providing those services
304 itself using its own staff.

305 3. The governing authority shall provide for the selection and
306 appointment of the medicaid and dental staff and the granting of
307 clinical privileges and shall be responsible for the professional
308 conduct of these persons.

309 **106 ORGANIZATION AND STAFF**

310 106.01 **Chief Executive Officer or Administrator.**

311 1. The governing authority shall appoint a qualified person as chief
312 executive officer of the facility to represent the governing authority
313 and shall define his/her authority and duties in writing. He/she
314 shall be responsible for the management of the facility,
315 implementation of the policies of the governing authority and

316 authorized and empowered to carry out the provisions of these
317 regulations.

318 2. The chief executive officer shall designate, in writing, a qualified
319 person to act in his/her behalf during his/her absence. In the
320 absence of the chief executive officer, the person on the grounds of
321 the facility who is designated by the chief executive officer to be in
322 charge of the facility shall have reasonable access to all areas in the
323 facility related to patient care and to the operation of the physical
324 plant.

325 3. When there is a planned change in ownership or in the chief
326 executive officer, the governing authority of the facility shall
327 notify the Mississippi Department of Health. The chief executive
328 officer shall be responsible for the preparation of written facility
329 policies and procedures.

330 106.02 **Administrative Records.**

331 1. The following essential documents and references shall be on file
332 in the administrative office of the facility:

333 a. Appropriate documents evidencing control and ownerships,
334 such as deeds, leases, or corporation or partnerships papers.

335 b. Bylaws and policies and procedures of the governing authority
336 and professional staff.

337 c. Minutes of the governing authority meetings.

338 d. Minutes of the facility's professional and administrative staff
339 meetings.

340 e. A current copy of the ambulatory surgical facility regulations.

341 f. Reports of inspections, reviews, and corrective actions taken
342 related to licensure.

343 g. Contracts and agreements for all services not provided directly
344 by the facility.

345 2. All permits and certificates shall be appropriately displayed.

346 107 **PERSONNEL POLICIES AND PROCEDURES**

347 107.01 **Personnel Records.** A record of each employee should be maintained
348 which includes the following to help provide quality assurance in the
349 facility:

- 350 1. Application for employment.
- 351 2. Written references and/or a record of verbal references.
- 352 3. Verification of all training and experience, and licensure,
353 certification, registration and/or renewals.
- 354 4. Performance appraisals.
- 355 5. Initial and subsequent health clearances.
- 356 6. Disciplinary and counseling actions.
- 357 7. Commendations.
- 358 8. Employee incident reports.
- 359 9. Record of orientation to the facility, its policies and procedures and
360 the employee's position. Personnel records shall be confidential.
361 Representatives of the licensing agency conducting an inspection
362 of the facility shall have the right to inspect personnel records.

363 107.02 **Job Descriptions.**

- 364 1. Every position shall have a written description which adequately
365 describes the duties of the position.
- 366 2. Each job description shall include position title, authority, specific
367 responsibilities and minimum qualifications. Qualifications shall
368 include education, training, experience, special abilities and license
369 or certification required.
- 370 3. Job descriptions shall be kept current and given to each employee
371 when assigned to the position and whenever the job description is
372 changed.

373 107.03 **Health Examination.** As a minimum, each employee shall have a pre-
374 employment health examination by a physician. The examination is to be
375 repeated annually and more frequently if indicated to ascertain freedom
376 from communicable diseases. The extent of the annual examinations
377 shall be determined by a committee consisting of the medical director,
378 administrator and director of nursing, and documentation of the health
379 examination shall be included in the employee's personnel folder.

380 108 **MEDICAL STAFF ORGANIZATION**

- 381 108.01 There shall be a single organized medical staff that has the overall
382 responsibility for the quality of all clinical care provided to patients, and

383 for the ethical conduct and professional practices of its members, as well
 384 as for accounting therefore to the governing authority. The manner in
 385 which the medical staff is organized shall be consistent with the facility's
 386 documented staff organization bylaws, rules and regulations, and pertain
 387 to the setting where the facility is located. The medical staff bylaws,
 388 rules and regulations, and the rules and regulations of the governing
 389 authority shall require that patients are admitted to the facility only upon
 390 the recommendation of a licensed physician and that a licensed physician
 391 be responsible for diagnosis and all medical care and treatment. The
 392 organization of the medical staff, and its bylaws, rules and regulations,
 393 shall be approved by the facility's governing authority. The medical staff
 394 shall strive to assure that each member is qualified for membership and
 395 shall encourage the optimal level of professional performance of its
 396 members through the appointment/reappointment procedure, the specific
 397 delineation of clinical privileges, and the periodic reappraisal of each
 398 staff member according to the established provisions.

399 108.02 **Qualifications.** The appointment and reappointment of medical staff
 400 members shall be based upon well-defined, written criteria that are
 401 related to the goals and objectives of the facility as stated in the bylaws,
 402 rules and regulations of the medical staff of the governing authority.,
 403 Upon application or appointment to the medical staff, each individual
 404 must sign a statement to the effect that he/she has read and agrees to be
 405 bound by the medical staff and governing authority bylaws, rules and
 406 regulations. The initial appointment and continued medical staff
 407 membership shall be dependent upon professional competence and
 408 ethical practice in keeping with the qualifications, standards, and
 409 requirements set forth in the professional staff and governing authority
 410 bylaws, rules and regulations.

411 108.03 **Method of Selection.** Each facility is responsible for developing a
 412 process of appointment to the medical staff whereby it can satisfactorily
 413 determine that the person is appropriately licensed and qualified for the
 414 privileges and responsibilities he/she seeks.

415 108.04 **Privilege Delineation.** Privileges shall be delineated for each member of
 416 the medical staff, regardless of the type and size of the facility. The
 417 delineation of privileges shall be based on all verified information
 418 available in the applicant's or staff member's credentials file. Whatever
 419 method is used to delineate clinical privileges for each medical staff
 420 applicant, there must be evidence that the granting of such privileges is
 421 based on the member's demonstrated current competence.

422 108.05 **Clinical Privileges Shall Be Facility-Specific.** The medical staff shall
 423 delineate in its bylaws, rules and regulations, the qualifications, status,
 424 clinical duties, and responsibilities of consultant physicians who are not
 425 members of the medical and dental staff but whose services require that

426 they be processed through the usual medical staff channels. The
427 training, experience, and demonstrated competence of individuals in
428 such categories shall be sufficient to permit their performing their
429 assigned functions.

430 108.06 **Reappointment.** The facility's medical staff bylaws, rules and
431 regulations shall provide for review and reappointment of each medical
432 staff member at least once every **two three** years. The reappointment
433 process should include a review of the individual's status by a designated
434 medical staff committee, such as the credentials committee. When
435 indicated, the credentials committee shall require the individual to
436 submit evidence of his/her current health status that verifies the
437 individual's ability to discharge his/her responsibility. The committee's
438 review of the clinical privileges of a staff member for reappointment
439 should include the individual's past and current professional performance
440 as well as his/her adherence to the governing authority and professional
441 staff bylaws, rules and regulations. The medical staff bylaws, rules and
442 regulations shall limit the time within which the medical staff
443 reappointment and privilege delineation processes must be completed.

444 108.07 **Professional Staff.** Each facility shall have at all times a designated
445 medical director who shall be a physician and who shall be responsible
446 for the direction and coordination of all medical aspects of facility
447 programs. The members of the medical staff shall have like privileges in
448 at least one local hospital. There shall be a minimum of one licensed
449 registered nurse per six patients (at any one time) at the clinic when
450 patients are present, excluding the director of nursing. All facility
451 personnel, medical and others, shall be licensed to perform the services
452 they render when such services require licensure under the laws of the
453 State of Mississippi. Anesthetic agents shall be administered by an
454 anesthesiologist, a physician, or a certified registered nurse anesthetist
455 under the supervision of a board-qualified or certified anesthesiologist or
456 operating physician, who is actually on the premises. After the
457 administration of an anesthetic, patients shall be constantly attended by
458 an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until
459 reacted and able to summon aid. All employees of the facility providing
460 direct patient care shall be trained in emergency resuscitation at least
461 annually.

462 108.08 **Reporting Requirements.** Each abortion facility shall report monthly to
463 the Mississippi Department of Health such information as may be
464 required by the department in its rules and regulations for each abortion
465 performed by such facility.

466 109 **PATIENT TRANSFER**

467 109.01 **Transfer Agreement.** The facility shall have a written agreement with
468 one or more acute general hospitals and be located within fifteen minutes
469 travel time from the hospital(s) to ensure prompt referral and back-up
470 services for patients requiring attention for an emergency or other
471 condition necessitating hospitalization. The hospital(s) must have an
472 emergency room staffed by an in-house physician during the hours that
473 the ambulatory surgical facility is open. Policies shall be developed
474 relating to preoperative and postoperative transportation.

475 110 **SAFETY**

476 110.01 The governing authority shall develop written policies and procedures
477 designed to enhance safety within the facility and on its grounds and
478 minimize hazards to patients, staff and visitors.

479 110.02 The policies and procedures shall include establishment of the following:

- 480 1. Safety rules and practices pertaining to personnel, equipment,
481 gases, liquids, drugs;
- 482 2. Provisions for reporting and the investigation of accidental events
483 regarding patients, visitors and personnel (incidents) and corrective
484 action taken;
- 485 3. Provision for dissemination of safety-related information to
486 employees and users of the facility; and
- 487 4. Provision for syringe and needle storage, handling and disposal.

488 111 **HOUSEKEEPING**

489 111.01 Operating rooms shall be appropriately cleaned in accordance with
490 established written procedures after each operation. Recovery rooms
491 shall be maintained in a clean condition. Adequate housekeeping staff
492 shall be employed to fulfill the above requirement.

493 112 **LINEN AND LAUNDRY**

494 112.01 An adequate supply of clean linen or disposable materials shall be
495 maintained.

496 112.02 Provisions for proper laundering of linen and washable goods shall be
497 made. Soiled and clean linen shall be handled and stored separately.

498 112.03 Sufficient supply of cloth or disposable towels shall be available so that a
 499 fresh towel can be used after each hand washing. Towels shall not be
 500 shared.

501 **113 SANITATION**

502 113.01 All parts of the facility, the premises and equipment shall be kept clean
 503 and free of insects, rodents, litter and rubbish.

504 113.02 All garbage and waste shall be collected, stored and disposed of in a
 505 manner designed to prevent the transmission of disease. Containers shall
 506 be washed and sanitized before being returned to work areas. Disposable
 507 type containers shall not be reused.

508 **114 PREVENTIVE MAINTENANCE**

509 114.01 A schedule of preventive maintenance shall be developed for all of the
 510 surgical equipment in the surgical suite to assure satisfactory operation
 511 when needed.

512 **115 DISASTER PREPAREDNESS**

513 115.01 The facility shall have a posted plan for evacuation of patients, staff, and
 514 visitors in case of fire or other emergency.

515 115.02 Fire drills:

516 1. At least one drill shall be held every three months for every
 517 employee to familiarize employees with the drill procedure.
 518 Reports of the drills shall be maintained with records of
 519 attendance.

520 2. Upon identification of procedural problems with regard to the
 521 drills, records shall show that corrective action has been taken.

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

524 **116 MEDICAL RECORD SERVICES**

525 116.01 **Medical Record System.** A medical record is maintained in accordance
 526 with accepted professional principles for every patient admitted and
 527 treated in the facility. The medical record system shall be under the
 528 supervision of a designated person who has demonstrated through
 529 relevant experience the ability to perform the required functions.

530 116.02 **Facilities.** A room or area shall be designated within the facility for
 531 medical records. The area shall be sufficiently large and adequately

- 532 equipped to permit the proper processing and storing of records. All
533 medical records must be accessible and easily retrieved.
- 534 116.03 **Ownership**. Medical records shall be the property of the facility and
535 shall not be removed except by subpoena or court order. These records
536 shall be protected against loss, destruction and unauthorized use.
- 537 116.04 **Preservation of Records**. Medical records shall be preserved either in
538 the original form or by microfilm for a period of not less than ten years.
539 In the case of minor the record is to be retained until the patient becomes
540 of age, plus seven years.
- 541 116.05 **Individual Patient Records**. Each patient's medical record shall include
542 at least the following information:
- 543 1. Patient identification, including the patient's full name, sex,
544 address, date of birth, next of kin and patient number.
 - 545 2. Admitting diagnosis.
 - 546 3. Preoperative history and physical examination pertaining to the
547 procedure to be performed.
 - 548 4. Anesthesia reports.
 - 549 5. Operative report.
 - 550 6. Pertinent laboratory, pathology and X-ray reports.
 - 551 7. Preoperative and postoperative orders.
 - 552 8. Discharge note and discharge diagnosis.
 - 553 9. Informed consent.
 - 554 10. Nurses' notes:
 - 555 a. Admission and preoperative.
 - 556 b. Recovery and discharge.
- 557 116.06 **Completion of Medical Records**. All medical records shall be
558 completed promptly.
- 559 116.07 **Indexes**. All medical records should be indexed according to disease,
560 operation, physician, and patient name.

561 **PART III PATIENT CARE**562 **117 NURSING SERVICE**

563 117.01 **Nursing Staff.** The ambulatory surgical facility shall maintain an
564 organized nursing staff to provide high quality nursing care for the needs
565 of the patients and be responsible to the ambulatory surgical facility for
566 the professional performance of its members. The ambulatory surgical
567 facility nursing service shall be under the direction of a legally and
568 professionally qualified registered nurse. There shall be a sufficient
569 number of duly licensed registered nurses on duty at all times to plan,
570 assign, supervise, and evaluate nursing care, as well as to give patients
571 the nursing care that requires the judgment and specialized skills of a
572 registered nurse.

573 117.02 **Director of Nursing Service.** The director of nursing service shall be
574 qualified by education, medical-surgical nursing and surgery experience
575 of one year each, and demonstrated ability to organize, coordinate, and
576 evaluate the work of the service. He/she shall be qualified in the fields of
577 nursing and administration consistent with the complexity and scope of
578 operation of the ambulatory surgical facility and shall be responsible to
579 the administrator for the developing and implementing policies and
580 procedures of the service in the ambulatory surgical facility.

581 117.03 **Staffing Pattern.** A staffing pattern shall be developed for each nursing
582 care unit (preoperative unit, surgical suite, recovery and postoperative
583 unit). The staffing pattern shall provide for sufficient nursing personnel
584 and for adequate supervision and direction by registered nurses
585 consistent with the size and complexity of the ambulatory surgical
586 facility.

587 117.04 **Nursing Care Plan.** There shall be evidence established that the
588 ambulatory surgical facility nursing service provides safe, efficient and
589 therapeutically effective nursing care through the planning of each
590 patient's preoperative, operative, recovery and postoperative care and the
591 effective implementation of the plans. A registered nurse must plan,
592 supervise and evaluate the nursing care of each patient from admission to
593 discharge.

594 117.05 **Licensed Practical Nurse.** Licensed practical nurses who are currently
595 licensed to practice within the state, as well as other ancillary nursing
596 personnel, may be used to give nursing care that does not require the
597 skill and judgment of a registered nurse. Their performance shall be
598 supervised by one or more registered nurses.

599 117.06 **Nursing Service Evaluation.** To develop better patterns of utilization of
600 nursing personnel, periodic evaluation of the activities and effectiveness

601 of the nursing staff should be conducted as a part of quality assurance.
 602 Evaluations should be done after the first 90-day probationary period,
 603 then annually thereafter.

604 117.07 **Nursing Service Organization.** The ambulatory surgical facility nursing
 605 service shall have a current written organization plan that delineates its
 606 functional structure and its mechanisms for cooperative planning and
 607 decision making. This plan shall be an integral part of the overall
 608 ambulatory surgical facility plan and shall:

- 609 1. Be made available to all nursing personnel.
- 610 2. Be reviewed periodically (yearly) and revised as necessary.
- 611 3. Reflect the staffing pattern for nursing personnel throughout the
 612 ambulatory surgical facility.
- 613 4. Delineate the functions for which nursing service is responsible.
- 614 5. Indicate all positions required to carry out such functions.
- 615 6. Contain job descriptions for each position classification in nursing
 616 service that delineates the functions, responsibilities, and desired
 617 qualifications of each classification, and should be made available
 618 to nursing personnel at the time of employment.
- 619 7. Indicate the lines of communication within nursing service.
- 620 8. Define the relationships of nursing service to all other services and
 621 departments in the ambulatory surgical facility.

622 In ambulatory surgical facilities where the size of the nursing staff
 623 permits, nursing committees shall be formally organized to facilitate the
 624 establishment and attainment of goals and objectives of the nursing
 625 service.

626 117.08 **Policies and Procedures.** Written nursing care and administrative
 627 policies and procedures shall be developed to provide the nursing staff
 628 with acceptable methods of meeting its responsibilities and achieving
 629 projected goals through realistic, attainable goals. In planning, decision
 630 making, and formulation of policies that affect the operation of nursing
 631 service, the nursing care of patients, or the patient's environment, the
 632 recommendations of representatives of nursing service shall be
 633 considered. Nursing care policies and procedures shall be consistent
 634 with professionally recognized standards of nursing practice and shall be
 635 in accordance with Nurse Practice Act of the State of Mississippi and
 636 AORN Standards of Practice. Policies shall include statements relating
 637 to at least the following:

- 638 1. Noting diagnostic and therapeutic orders.
- 639 2. Assignment of preoperative and postoperative care of patients.
- 640 3. Administration of medications.
- 641 4. Charting of nursing personnel.
- 642 5. Infection control.
- 643 6. Patient and personnel safety.

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

- 648 a. Provide a basis for staff development to enable new nursing
 649 personnel to acquire local knowledge and current skills
 650 through established orientation programs.
- 651 b. Provide a ready reference or procedures for all nursing
 652 personnel.
- 653 c. Standardize procedures and equipment.
- 654 d. Provide a basis for evaluation and study to ensure continued
 655 improvements in techniques.

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

661 117.09 **In-Service Education and Meetings**. An in-service education programs
 662 and meetings of the nursing staff shall be provided for the improvement
 663 of existing aseptic and nursing practices; obtaining new knowledge and
 664 skills applicable to operating room nursing; keep personnel informed of
 665 changes in policies and procedures and discuss nursing service problems
 666 in the ambulatory surgical facility. The in-service program shall be
 667 planned, scheduled, documented and held on a continuing or monthly
 668 basis. There should be provisions for participation in appropriate
 669 training programs for the safe and effective use of diagnostic and
 670 therapeutic equipment for CPR and for other aspects of critical care.

671 118 **SURGERY**

672 118.01 The ambulatory surgical facility shall have effective policies and
673 procedures regarding surgical privileges, maintenance of the operating
674 rooms and evaluation of the surgical patient.

- 675 1. Surgical privileges according to covered surgical procedures shall
676 be delineated for all physicians doing surgery in accordance with
677 the competencies of each physician. A roster shall be kept in the
678 confidential files of the operating room supervisor and in the files
679 of the administrator.
- 680 2. The operating room register shall be complete and up-to-date.
- 681 3. There shall be a complete history and physical work-up in the chart
682 of every patient prior to surgery plus documentation of a properly
683 executed informed patient consent.
- 684 4. There shall be adequate provision for immediate postoperative
685 care.
- 686 5. An operative report describing techniques and findings shall be
687 written or dictated immediately following surgery and signed by
688 the surgeon.
- 689 6. A procedure shall exist in establishing a program for identifying
690 and preventing infections, maintaining a sanitary environment, and
691 reporting results to appropriate authorities. The operating surgeon
692 shall be required to report back to the facility an infection for
693 infection control follow-up.
- 694 7. The operating rooms shall be supervised by an experienced
695 registered professional nurse.
- 696 8. The following equipment shall be available to the operating suite:
697 emergency call system, oxygen, mechanical ventilatory assistance
698 equipment, including airways and manual breathing bag, cardiac
699 defibrillator, cardiac monitoring equipment, thoracotomy set,
700 tracheotomy set, laryngoscopes and endotracheal tubes, suction
701 equipment, emergency drugs and supplies specified by the medical
702 staff. Personnel trained in the use of emergency equipment and in
703 cardiopulmonary resuscitation must be available whenever there is
704 a patient in the ambulatory surgical facility.
- 705 9. Precautions shall be taken to eliminate shock hazards, including
706 use of shoe covers.

707 10. Rules and regulations or policies related to the operating room
 708 shall be available for ambulatory surgical facility personnel and
 709 physicians.

710 119 **ANESTHESIA**

711 119.01 The department of anesthesia shall have effective policies and
 712 procedures regarding staff privileges, the administration of anesthetics,
 713 and the maintenance of strict safety control.

714 1. A preoperative evaluation of the patient within 24 hours of surgery
 715 shall be done by a physician to determine the risk of anesthesia and
 716 of the procedure to be performed.

717 2. Before discharge from the ambulatory surgical facility, each
 718 patient shall be evaluated by an anesthesiologist or certified
 719 registered nurse anesthetist for proper anesthesia recovery and
 720 discharged in the company of a responsible adult unless otherwise
 721 specified by the physician.

722 3. Anesthetic agents shall be administered by only a qualified
 723 anesthesiologist, a physician qualified to administer anesthetic
 724 agents or a certified registered nurse anesthetist.

725 4. The department of anesthesia shall be responsible for all anesthetic
 726 agents administered in the ambulatory surgical facility.

727 5. In the ambulatory surgical facility where there is no department of
 728 anesthesia, the department of surgery shall assume the
 729 responsibility of establishing general policies and supervising the
 730 administration of anesthetic agents.

731 6. Safety precautions shall be in accordance with N.F.P.A. Bulletin
 732 56-A, 1981.

733 120 **DEPARTMENT OF DENTISTRY**

734 120.01 According to the procedure established for the appointment of the
 735 medical staff, one or more licensed dentists may be appointed to the
 736 staff. If this service is organized, its organization is comparable to that of
 737 other services or departments.

738 1. The above members shall be qualified legally, professionally, and
 739 ethically for the positions to which they are appointed.

740 2. Patients admitted for the above services shall be admitted by a
 741 physician.

- 742 3. There shall be medical history done and recorded by a member of
 743 the medical staff before surgery is done and a physician in
 744 attendance who is responsible for the medical care of the patient.
- 745 4. There shall be specific bylaws concerning dentists and combined
 746 with the medical staff by-laws.
- 747 5. The staff bylaws and regulations shall specifically delineate the
 748 rights and privileges of the dentists.
- 749 6. Complete records, both medical and surgical, shall be required on
 750 each patient and shall be a part of the ambulatory surgical facility
 751 records.

752 **121 SANITARY ENVIRONMENT**

753 121.01 The ambulatory surgical facility shall provide a safe and sanitary
 754 environment, properly constructed, equipped, and maintained to protect
 755 the health and safety of patients.

- 756 1. An infection committee, or comparable arrangement, composed of
 757 members of the medical staff, nursing staff, administration and
 758 other services of the ambulatory surgical facility, shall be
 759 established and shall be responsible for investigating, controlling
 760 and preventing infections, documentation of such meetings and an
 761 attendance roster.
- 762 2. There shall be written procedures to govern the use of aseptic
 763 techniques and procedures in all areas of the ambulatory surgical
 764 facility.
- 765 3. To keep infections at a minimum, such procedures and techniques
 766 shall be regularly by the infection committee annually.
- 767 4. Continuing education shall be provided to all ambulatory surgical
 768 facility personnel on causes, effects, transmission, prevention, and
 769 elimination of infection on an annual basis.
- 770 5. A continuing process shall be enforced for inspection and reporting
 771 of any ambulatory surgical facility employee with an infection who
 772 may be in contact with patients on the patient's environment.

773 **122 CENTRAL STERILE SUPPLY**

774 122.01 Policies and procedures shall be maintained for method of control used
 775 in relation to the sterilization of supplies and water and a written policy
 776 requiring sterile supplies to be reprocessed at specific time periods.
 777 These areas shall be separated:

- 778 1. Receiving and clean-up area, to contain a two-compartment sink
779 with two drain-boards.
- 780 2. Pack make-up shall have autoclaves, work counter and unsterile
781 storage.
- 782 3. Sterile storage area should have pass-through to corridor.

783 123 **PHARMACEUTICAL SERVICES**

784 123.01 **Administering Drugs and Medicines.** Drugs and medicines shall not be
785 administered to patients unless ordered by a physician duly licensed to
786 prescribe drugs. Such orders shall be in writing and signed personally by
787 the physician who prescribes the drug or medicine.

788 123.02 **Medicine Storage.** Medicines and drugs maintained on the nursing unit
789 for daily administration shall be properly stored and safe-guarded in
790 enclosures of sufficient size, and which are not accessible to
791 unauthorized persons. Only authorized personnel shall have access to
792 storage enclosures.

793 123.03 **Safety.** Pharmacies and drug rooms shall be provided with safeguards to
794 prevent entrance of unauthorized persons, including bars on accessible
795 windows and locks on doors. Controlled drugs shall be stored in a
796 securely constructed room or cabinet, in accordance with applicable
797 federal and state laws.

798 123.04 **Narcotic Permit.** An in-house pharmacy shall procure a state controlled
799 drug permit if a stock of controlled drugs is to be maintained. The
800 permit shall be displayed in a prominent location.

801 123.05 **Records.** Records shall be kept of all stock supplies of controlled
802 substances giving an accounting of all items received and/or
803 administered.

804 123.06 **Medication Orders.** All oral or telephone orders for medications shall
805 be received by a registered nurse, a physician or registered pharmacist
806 and shall be reduced to writing on the physician's order record reflecting
807 the prescribing physician and the name and title of the person who wrote
808 the order. Telephone or oral orders shall be signed by the prescribing
809 physician within 48 hours. The use of standing orders will be according
810 to written policy.

811 123.07 **Pharmacy Permits.**

- 812 1. In circumstances where the facility employs a full-time or part-
813 time pharmacist, the facility shall have obtained the appropriate
814 pharmacy permit from the Mississippi State Board of Pharmacy.

- 815 The facility shall not dispense medications to outpatients without
816 the pharmacy permit.
- 817 2. The facility may procure medications for its patients through
818 community pharmacists. Individual medication containers shall be
819 properly labeled, and shall be properly stored in individual patient
820 medication bins/trays within a lockable area, room or cabinet.
- 821 3. The facility may procure medications via the facility's physician's
822 registration. Physicians shall administer or shall order medications
823 to be administered to patients while in the facility attending
824 physician. The only exception is in cases of A. above. In any case
825 where medication controlled substances are stocked within the
826 facility, a designated individual shall be responsible for the overall
827 supervision of the handling, administration, storage, record
828 keeping and final dispensation of medication.

829 123.08 **Controlled Substances -- Anesthetizing Areas:**

830 123.09 **Dispensing Controlled Substances.** All controlled substances shall be
831 dispensed to the responsible person (OR Supervisor, SRNA, CRNA,
832 Anesthesiologist, etc.) designated to handle controlled substances in the
833 operating room by a registered pharmacist in the Ambulatory Surgical
834 Facility. When the controlled substance is dispensed, the following
835 information shall be recorded into the Controlled Substance (proof-of-
836 use) Record.

- 837 1. Signature of pharmacist dispensing the controlled substance.
- 838 2. Signature of designated licensed person receiving the controlled
839 substance.
- 840 3. The date and time controlled substance is dispensed.
- 841 4. The name, the strength, and quantity of controlled substance
842 dispensed.
- 843 5. The serial number assigned to that particular record, which
844 corresponds to same number recorded in the pharmacy's
845 dispensing record.

846 123.10 **Security/Storage of Controlled Substances.** When not in use, all
847 controlled substances shall be maintained in a securely locked,
848 substantially constructed cabinet or area. All controlled substance
849 storage cabinets shall be permanently affixed. Controlled substances
850 removed from the controlled substance cabinet shall not be left
851 unattended.

852 123.11 **Controlled Substance Administration Accountability.** The
853 administration of all controlled substances to patients shall be carefully
854 recorded into the anesthesia record. The following information shall be
855 transferred from the anesthesia record to the controlled substance record
856 by the administering practitioner during the shift in which the controlled
857 substance was administered.

- 858 1. The patient's name.
- 859 2. The name of the controlled substance and the dosage administered.
- 860 3. The date and time the controlled substance is administered.
- 861 4. The signature of the practitioner administering the controlled
862 substance.
- 863 5. The wastage of any controlled substance.
- 864 6. The balance of controlled substances remaining after the
865 administration of any quantity of the controlled substance.
- 866 7. Day-ending or shift-ending verification of count of balances of
867 controlled substances remaining, and controlled substances
868 administered shall be accomplished by two (2) designated licensed
869 persons whose signatures shall be affixed to a permanent record.

870 123.12 **Waste of Controlled Substances.**

- 871 1. All partially used quantities of controlled substances shall be
872 wasted at the end of each case by the practitioner, in the presence
873 of a licensed person. The quantity, expressed in milligrams, shall
874 be recorded by the wasting practitioner into the anesthesia record
875 and into the controlled substance record followed by his or her
876 signature. The licensed record witnessing the wastage of controlled
877 substances shall co-sign the controlled substance record.
- 878 2. All unused and unopened quantities of controlled substances which
879 have been removed from the controlled substance cabinet shall be
880 returned to the cabinet by the practitioner at the end of each shift.
- 881 3. Any return of controlled substances to the pharmacy in the
882 Ambulatory Surgical Facility must be documented by a registered
883 pharmacist responsible for controlled substance handling in the
884 Ambulatory Surgical Facility.

885 123.13 **Verification of Controlled Substances Administration.** The
886 Ambulatory Surgical Facility shall implement procedures whereby, on a
887 periodic basis, a registered pharmacist shall reconcile quantities of

888 controlled substances dispensed in the Ambulatory Surgical Facility to
 889 the anesthetizing area against the controlled substance record in said
 890 area. Any discrepancies shall be reported to the Director of Nursing and
 891 to the Chief Executive Officer of the Ambulatory Surgical Facility.
 892 Upon completion, all Controlled Substance Records shall be returned
 893 from the anesthetizing area to the Ambulatory Surgical Facility's
 894 pharmacy by the designated responsible person in the anesthetizing area.

895 124 RADIOLOGY SERVICES

896 124.01 **Personnel**. When the facility provides in-house radiological services a
 897 qualified technician shall be employed.

898 124.02 **Reports**. All X-rays shall be interpreted by a physician or a dentist when
 899 oral surgery is conducted and a written report of findings shall be made a
 900 part of the patient's record.

901 124.03 **Policies and Procedures**. When X-ray is provided by the facility,
 902 written policies and procedures shall be developed for all services
 903 provided by the radiology department.

904 124.04 **Physical Environment**. If in-house capabilities are provided, the area
 905 shall be of sufficient size and arrangement to provide for personnel and
 906 patient needs.

907 124.05 **Safety**. Staff personnel exposed to radiation must be checked
 908 periodically for amount of radiation exposure by the use of exposure
 909 meters or badges. The radiological equipment shall be appropriately
 910 shielded to conform to state law. It shall be regularly checked by state
 911 health authorities and any hazards promptly corrected.

912 125 LABORATORY SERVICES

913 125.01 The facility may either provide a clinical laboratory or make contractual
 914 arrangements with an approved outside laboratory to perform services
 915 commensurate with the needs of the facility.

916 125.02 **Qualifications of Outside Laboratory**. An approved outside laboratory
 917 may be defined as a free-standing independent laboratory or a hospital-
 918 based laboratory which in either case has been appropriately certified or
 919 meets equivalent standards as a provider under the prevailing regulations
 920 of P.L. 89-97, Titles XVIII and XIX (Medicare/Medicaid).

921 125.03 **Agreements**. Such contractual arrangements shall be deemed as meeting
 922 the requirements of this section so long as those arrangements contain
 923 written policies, procedures and individual chart documentation to
 924 disclose that the policies of the facility are met and the needs of the

925 patients are being provided. Written original reports shall be a part of the
926 patient's chart.

927 125.04 **In-House Laboratories.**

- 928 1. In-house laboratories shall be well-organized and properly
929 supervised by qualified personnel.
- 930 2. The laboratory will be of sufficient size and adequately equipped
931 to perform the necessary services of the facility.
- 932 3. Provisions shall be made for preventive maintenance and an
933 acceptable quality control program covering all types of analyses
934 performed by the laboratory. Documentation will be maintained.
- 935 4. Written policies and procedures shall be developed and approved
936 for all services provided by the laboratory.
- 937 5. When tissue removed in surgery is examined by a pathologist,
938 either macroscopically or microscopically, as determined by the
939 treating physician and the pathologist, the pathology report shall be
940 made a part of the patient's record.
- 941 6. Arrangements shall be made for immediate pathological
942 examinations, when appropriate.
- 943 7. The laboratory must provide pathologists' services, as necessary.

944 **126 PART IV ENVIRONMENT**945 **127 PATIENT AREAS**946 **127.01 Patient Rooms (if provided):**

- 947 1. Shall contain 100 square feet of floor space for one bedroom and
948 80 square feet per bed for each multi-bedroom.
- 949 2. Ceiling height of patients' rooms shall be 8'0" minimum.
- 950 3. Storage. Each patient shall be provided with secured hanging
951 storage space for their personal belongings.
- 952 4. Furnishing:
- 953 a. Bed. Each patient room or area shall be equipped with a
954 hospital type bed with an adjustable spring.
- 955 b. Bedside cabinet. It shall contain water service, bedpan, urinal
956 and emesis basin (these may be disposable).
- 957 5. Cubicle for privacy in all multi-bedrooms shall be provided. They
958 shall have a flame spread of 25 or less.
- 959 6. All walls shall be suitable for washing.
- 960 7. A lavatory, equipped with wrist-action handles, shall be located in
961 the room or in an adjacent private toilet room. (A bedpan washer
962 is recommended.)
- 963 8. Patient bed light shall be provided.
- 964 9. Electric nurse call for every bed and other access shall be provided
965 with annunciator at nurses station and nurses work area.

966 **127.02 Service Areas.**

- 967 1. Nurses station for nurses charting, doctors charting,
968 communication and storage for supplies and nurses personal
969 effects. The station should accommodate at least three (3) persons.
- 970 2. Nurses toilet with lavatory, convenient to nurses station.
- 971 3. Clean work room for storage and assembly of supplies for nursing
972 procedures shall contain storage cabinets or storage carts, work
973 counter and sink.

- 974 4. Soiled utility shall contain deep sink, work counter, waste
975 receptacle, soiled linen receptacle, and provision for washing
976 bedpans if not provided elsewhere.
- 977 5. Medicine station, adjacent to nurses' station, with sink, small
978 refrigerator, locked storage, narcotic locker and work counter.
- 979 6. Clean linen storage. A closet large enough to hold adequate supply
980 of clean linen.
- 981 7. Provision for preoperative or postoperative nourishments.
- 982 8. Stretcher and wheelchair storage area.
- 983 9. Janitors closet, only large enough to contain floor receptor with
984 plumbing and space for some supplies and mop buckets.
- 985 **127.03 Surgical Suite.**
- 986 1. This area shall be located so as to prevent through traffic and shall
987 contain: At least one operating room with adequate sterile storage
988 cabinets or number of operating rooms shall be based on the
989 expected surgical workload.
- 990 2. A service area shall include:
- 991 a. Surgical supervisor's station.
- 992 b. Provision will be made for high speed sterilization of dropped
993 instruments or pre-package instruments readily available for
994 the operating room, if more than 50 feet from central supply.
- 995 c. Scrub station for two persons to scrub simultaneously.
- 996 d. Clean-up room with two-compartment sink and drain-board
997 and space for a dirty linen hamper.
- 998 e. Oxygen and nitrous oxide storage in compliance with National
999 Fire Protection Association Bulletin 56-A.
- 1000 f. Janitors closet only large enough to contain floor receptor with
1001 plumbing and space for some supplies and mop buckets.
- 1002 g. Doctors locker room containing toilet and shower with entry
1003 from non-sterile area and exit into sub-sterile area.
- 1004 h. Nurses locker room containing toilet and shower with entry
1005 from non-sterile area and exit into sub-sterile area.

- 1006 i. Stretcher storage.
- 1007 3. All finishes shall be capable of repeated scrubbing.
- 1008 4. The use of flammable anesthetic gases is prohibited.
- 1009 5. The temperature shall be maintained a 70-76 degrees Fahrenheit
1010 with a humidity level 50% to 60% and a 90% filter.
- 1011 6. Special lighting shall be supplied that eliminates shadows in the
1012 operating field with enough background illumination to avoid
1013 excessive contrast. Isolated power system is required. Emergency
1014 lighting shall comply with Standards of Emergency Electrical
1015 Service.
- 1016 7. Appropriate fire extinguisher shall be provided in the surgical
1017 suite.
- 1018 127.04 **Recovery Room Suite.**
- 1019 1. Recovery room shall contain charting space, medication storage
1020 and preparation and sink required.
- 1021 2. Each patient shall have readily available oxygen, suction and
1022 properly grounded outlets. Each bed shall be readily adjustable to
1023 various therapeutic positions, easily moved for transport, shall
1024 have a locking mechanism for a secure stationary position and a
1025 removable headboard.
- 1026 3. Direct visual observation of all patients shall be possible from a
1027 central vantage point, yet from the activity and noise of the unit by
1028 partitions, drapes and acoustic ceilings.
- 1029 4. Eighty (80) square feet shall be provided each bed or stretcher to
1030 make easily accessible for routine and emergency care of the
1031 patients and also to accommodate bulky equipment that may be
1032 needed.
- 1033 5. There shall be an alarm system for unit personnel to summon
1034 additional personnel in an emergency. The alarm shall be
1035 connected to any area where unit personnel might be, physician
1036 lounges, nurses lounges or stations.
- 1037 6. The kind and quality of equipment shall depend upon the needs of
1038 the patients treated. Diagnostic monitoring and resuscitative
1039 equipment, such as respiratory assist apparatus, defibrillators,
1040 pacemakers, phlebotomy and tracheostomy sets, endotracheal
1041 tubes, laryngoscopes and other such devices shall be easily

1042 available within the units, and in good working order. There shall
 1043 be a written preventive maintenance program that includes
 1044 techniques for cleaning and for contamination control, as well as
 1045 for the periodic testing of all equipment.

1046 7. Expert advice concerning the safe use of, and preventive
 1047 maintenance for all biomedical devices and electrical installations
 1048 shall be readily available at all times. Documentation of safety
 1049 testing shall be provided on a regular basis to unit supervisors.

1050 8. There shall be written policies and procedures for the recovery
 1051 room suite, which supplements the basic ambulatory surgical
 1052 facility policies and procedures shall be developed and approved
 1053 by the medical staff, in cooperation with the nursing staff.

1054 128 GENERAL SERVICE FACILITIES

1055 128.01 **Admission Office.** There shall be a room designated as the admission
 1056 office where patients may discuss personal matters in private. The
 1057 admission office may be combined with the business office and medical
 1058 record room if privacy can be maintained when confidential matters are
 1059 being discussed. This space shall be separated from the treatment area by
 1060 walls and partitions.

1061 128.02 **Waiting Room.** A waiting room in the administrative section shall be
 1062 provided with sufficient seating for the maximum number of persons that
 1063 may be waiting at any time. Public toilets/public telephones and drinking
 1064 fountains, accessible to individuals with disabilities shall be available.

1065 128.03 **Administrative Area Nursing.**

1066 1. Space for conference and in-service training.

1067 2. Director of Nurses office.

1068 129 PLANS AND SPECIFICATIONS

1069 129.01 **New Construction, Additions, and Major Alterations.** When
 1070 construction is contemplated, either for new buildings, conversions,
 1071 additions, or major alterations to existing buildings, or portions of
 1072 buildings coming within the scope of these rules, plans and
 1073 specifications shall be submitted for review and approval to the
 1074 Mississippi Department of Health.

1075 129.02 **Minor Alterations and Remodeling.** Minor alterations and remodeling
 1076 which do not affect the structural integrity of the building, which do not
 1077 change functional operation, which do not affect fire safety, and which

1078 do not add beds or facilities over those for which the surgical facility is
1079 licensed need not be submitted for approval.

1080 129.03 **Water Supply, Plumbing and Drainage.** No system of water supply,
1081 plumbing, sewerage, garbage or refuse disposal shall be installed, nor
1082 any such existing system materially altered or extended until complete
1083 plans and specifications for the installation, alteration or extension have
1084 been submitted to the Mississippi Department of Health for review and
1085 approval.

1086 129.04 **First Stage Submission - Preliminary Plans.**

- 1087 1. First stage or preliminary plans shall include the following:
- 1088 a. Plot plans showing size and shape of entire site, location of
1089 proposed building and any existing structures, adjacent streets,
1090 highways, sidewalks, railroad, etc., all properly designated;
1091 size, characteristics, and location of all existing public utilities.
- 1092 b. Floor plans showing overall dimensions of buildings; location,
1093 size and purpose of all rooms; location and size of all doors,
1094 windows, and other openings with swing of doors properly
1095 indicated; and location of stairs, elevators, dumbwaiters,
1096 vertical shafts, and chimneys.
- 1097 c. Outline specifications listing the kind and type of materials.
- 1098 2. Approval of preliminary plans and specifications shall be obtained
1099 from the Mississippi Department of Health prior to starting final
1100 working drawings and specifications.

1101 129.05 **Final Stage Submission - Working Drawings and Specifications.**

- 1102 1. Final stage or working drawings and specifications shall include
1103 the following:
- 1104 a. Architectural drawings.
- 1105 b. Structural drawings.
- 1106 c. Mechanical drawings to include plumbing, heating and air
1107 conditioning.
- 1108 d. Electrical drawings.
- 1109 e. Detailed specifications.

- 1110 2. Approval of working drawings and specifications shall be obtained
 1111 from the Mississippi Department of Health prior to beginning
 1112 actual construction.
- 1113 129.06 **Preparation of Plans and Specifications.** The preparation of drawings
 1114 and specifications shall be executed by or be under the immediate
 1115 supervision of an architect registered in the State of Mississippi.
- 1116 129.07 **Contract Modifications.** Any contract modification which affects or
 1117 changes the function, design or purpose of a facility shall be submitted to
 1118 and approved by the Mississippi Department of Health prior to beginning
 1119 work set forth in any contract modification.
- 1120 129.08 **Inspections.** The Mississippi Department of Health and its authorized
 1121 representative shall have access to the work for inspection whenever it is
 1122 in preparation or progress.
- 1123 130 **GENERAL**
- 1124 130.01 **Location.** The ambulatory surgical facility shall be located in an
 1125 attractive setting with sufficient parking space provided, with provisions
 1126 for meeting the needs of the individuals with disabilities. Also, the
 1127 facility shall be located within 15 minutes travel time from a hospital
 1128 which has an emergency room staffed by an in-house physician during
 1129 the hours the ambulatory surgical facility is open. Site approval by the
 1130 licensing agency must be secured before construction begins.
- 1131 130.02 **Local Restriction.** The ambulatory surgical facility shall comply with
 1132 local zoning, building, and fire ordinances. In addition, ambulatory
 1133 surgical facilities shall comply with all applicable state and federal laws.
- 1134 130.03 **Structural Soundness.** The building shall be structurally sound, free
 1135 from leaks and excessive moisture, in good repair, and painted at
 1136 intervals to be reasonably attractive inside and out.
- 1137 130.04 **Fire Extinguisher.** An all purpose fire extinguisher shall be provided at
 1138 each exit and special hazard areas, and located so a person would not
 1139 have to travel more than 75 feet to reach an extinguisher. Fire
 1140 extinguishers shall be of a type approved by the local fire department or
 1141 State Fire Marshall and shall be inspected at least annually. An attached
 1142 tag shall bear the initials or name of the inspector and the date inspected.
- 1143 130.05 **Ventilation.** The building shall be properly ventilated at all times with a
 1144 comfortable temperature maintained and 30% filters in all areas except
 1145 surgery.
- 1146 130.06 **Garbage Disposal.** Space and facilities shall be provided for the sanitary
 1147 storage and disposal of waste by incineration, containerization, removal,

- 1148 or by a combination of these techniques. Infectious waste materials shall
1149 be rendered noninfectious on the premises by appropriate measures.
- 1150 130.07 **Elevators**. Multi-story facilities shall be equipped with at least one
1151 automatic elevator of a size sufficient to carry a patient on a stretcher.
- 1152 130.08 **Multi-Story Building**. All multi-story facilities shall be of fire resistive
1153 construction in accordance with N.F.P.A. 220, Standards Types of
1154 Building Construction. If the facility is part of a series of buildings, it
1155 shall be separated by fire walls.
- 1156 130.09 **Doors**. Minimum width of doors to all rooms needing access for
1157 stretchers shall be 3 feet 8 inches wide and doors shall swing into rooms.
- 1158 130.10 **Corridors**. Corridors shall comply with the following:
- 1159 1. Corridors used by patients shall be as a minimum six feet wide.
- 1160 2. Service corridors may be as a minimum four feet wide.
- 1161 130.11 **Occupancy**. No part of an ambulatory surgical facility may be rented,
1162 leased or used for any commercial purpose, or for any purpose not
1163 necessary or in conjunction with the operation of the facility. Food and
1164 drink machines may be maintained or a diet kitchen provided.
- 1165 130.12 **Lighting**. All areas of the facility shall have sufficient artificial lighting
1166 to prevent accidents and provide proper illumination for all services.
- 1167 130.13 **Emergency Lighting**. Emergency lighting systems shall be provided to
1168 adequately light corridors, operating rooms, exit signs, stairways, and
1169 lights on each exit sign at each exit in case of electrical power failure.
- 1170 130.14 **Emergency Power**. Emergency generator shall be provided to make life
1171 sustaining equipment operable in case of power failure. Emergency
1172 failure outlets shall be provided in all patient care areas.
- 1173 130.15 **Exits**. Each floor of a facility shall have two or more exit ways remote
1174 from each other, leading directly to the outside or to a two-hour fire
1175 resistive passage to the outside. Exits shall be so located that the
1176 maximum distance from any point in a floor area, room or space to an
1177 exit doorway shall not exceed 100 feet except that when a sprinkler
1178 system is installed the distance of travel shall not exceed 150 feet.
- 1179 130.16 **Exit Doors**. Exit doors shall meet the following criteria:
- 1180 1. Shall be no less than 44 inches wide.

- 1181 2. Shall swing in the direction of exit and shall not obstruct the travel
1182 along any required fire exit.
- 1183 130.17 **Exit Signs**. Exits shall be equipped with approved illuminated signs
1184 bearing the word "Exit" in letters at least 4 1/2 inches high. Exit signs
1185 shall be placed in corridors and passageways to indicate the direction of
1186 exit.
- 1187 130.18 **Interior Finish and Decorative Materials**. All combustible decorative
1188 and acoustical material to include wall paneling shall be as follows:
- 1189 1. Materials on wall and ceiling in corridors and rooms occupied by
1190 four or more persons shall carry a flame spread rating of 25 or less
1191 and a smoke density rating of 450 or less in accordance with
1192 ASTM E-84.
- 1193 2. Rooms occupied by less than four persons shall have a flame
1194 spread rating of 75 or less and a smoke density rating of 450 or less
1195 in accordance with ASTM E-84.
- 1196 130.19 **Floors**. All floors in operating and recovery areas shall be smooth
1197 resilient tile and be free from cracks and finished so that they can be
1198 easily cleaned. All other floors shall be covered with hard tile resilient
1199 tile or carpet or the equivalent. Carpeting is prohibited as floor covering
1200 in operating and recovery areas.
- 1201 130.20 **Carpet**. Carpet assemblies (carpet and/or carpet and pad) shall carry a
1202 flame spread rating of 75 or less and smoke density rating of 450 or less
1203 in accordance with ASTM E-84, or shall conform with paragraph 6-5,
1204 N.F.P.A. 101, Life Safety Code, 1981.
- 1205 130.21 **Curtains**. All draperies and cubicle curtains shall be rendered and
1206 maintained flame retardant.
- 1207 130.22 **Facilities for Individuals with Disabilities**. The facility shall be
1208 accessible to individuals with disabilities and shall comply with A.N.S.I.
1209 117.1, "Making Buildings and Facilities Accessible and Usable by
1210 Individuals with Disabilities".
- 1211 **130.23 Disaster Preparedness Plan**
- 1212 The facility shall maintain a written disaster preparedness plan that includes
1213 procedures to be followed in the event of fire, train derailment, explosions,
1214 severe weather, and other possible disasters as appropriate for the specific
1215 geographic location. The plan shall include:

- 1216 1. Written evidence that the plan has been reviewed and coordinated
 1217 with the licensing agency's local emergency response coordinator
 1218 and the local emergency manager;
- 1219 2. Description of the facility's chain of command during emergency
 1220 management, including 24-hour contact information and the
 1221 facility's primary mode of emergency communication system;
- 1222 3. Written and signed agreements that describe how essential goods
 1223 and services, such as water, electricity, fuel for generators, laundry,
 1224 medications, medical equipment, and supplies, will be provided;
- 1225 4. Shelter or relocation arrangements, including transportation
 1226 arrangements, in the event of evacuation; and
- 1227 5. Description of recovery, i.e., return of operations following an
 1228 emergency.
- 1229 130.24 The disaster preparedness plan shall be reviewed with new employees
 1230 during orientation and at least annually.
- 1231 130.25 Fire drills shall be conducted quarterly. Disaster drills shall be
 1232 conducted at least annually.
- 1233 **130.26 Conclusion**
- 1234 Conditions which have not been covered in the standards shall be enforced in
 1235 accordance with the best practices as interpreted by the licensing agency. The
 1236 licensing agency reserves the right to:
- 1237 1. Review the payroll records of each ambulatory surgical facility for
 1238 the purpose of verifying staffing patterns.
- 1239 2. Grant variances as it deems necessary for facilities existing prior to
 1240 July 1, 1983.
- 1241 3. Information obtained by the licensing agency through filed reports,
 1242 inspection, or as otherwise authorized, shall not be disclosed
 1243 publicly in such manner as to identify individuals or institutions,
 1244 except in proceedings involving the questions of licensure.
- 1245 4. The licensing agency shall reserve the right to review any and all
 1246 records and reports of any ambulatory surgical facility, as deemed
 1247 necessary to determine compliance with these minimum standards
 1248 of operation.

1249 **CERTIFICATION OF REGULATION**

1250 This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the
1251 Mississippi State Board of Health on Put Date Here to become effective Put
1252 Date Here.

1253 _____
1254 Brian W. Amy, MD, MHA, MPH
1255 Secretary and Executive Officer

DRAFT