Title 15 - Mississippi Department of Health

Part III – Office of Health Protection

Subpart 01 – Health Facilities Licensure and Certification

CHAPTER 42 MINIMUM STANDARDS OF OPERATION FOR AMBULATORY SURGICAL FACILITIES

PART I GENERAL

100 LEGAL AUTHORITY

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

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

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

101 DEFINITIONS

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

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

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

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

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

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

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license in compliance with all applicable requirements of Section 41-9-1 et seq.

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

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

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

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

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

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

1. Shall be a graduate of a professional school of nursing.

2. Shall currently be licensed by the Mississippi Board of Nursing.

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3. Shall have at least one year of experience in medical surgical nursing and one year of surgical nursing and one year of surgical environment nursing.

4. Shall have good mental and physical health.

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

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

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

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

101.15 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi Department of Health.

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

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

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

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

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

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

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

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

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

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

102 TYPE OF LICENSE

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

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

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103 LICENSING

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

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

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

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

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

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

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

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

104 RIGHT OF APPEAL

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

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

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

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

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

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

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

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PART II ADMINISTRATION

105 GOVERNING AUTHORITY

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

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

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

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

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

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

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

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

106 ORGANIZATION AND STAFF

106.01 **Chief Executive Officer or Administrator**.

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

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

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

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

106.02 **Administrative Records**.

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

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

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

   c. Minutes of the governing authority meetings.

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

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

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

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

2. All permits and certificates shall be appropriately displayed.

107 PERSONNEL POLICIES AND PROCEDURES

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

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1. Application for employment.

2. Written references and/or a record of verbal references.

3. Verification of all training and experience, and licensure, certification, registration and/or renewals.

4. Performance appraisals.

5. Initial and subsequent health clearances.

6. Disciplinary and counseling actions.

7. Commendations.

8. Employee incident reports.

9. Record of orientation to the facility, its policies and procedures and the employee's position. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

107.02 **Job Descriptions**.

1. Every position shall have a written description which adequately describes the duties of the position.

2. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.

3. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.

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

108 MEDICAL STAFF ORGANIZATION

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

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

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

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

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

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

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

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

108.07 **Professional Staff**. Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. The members of the medical staff shall have like privileges in at least one local hospital; however, in the case of a Level I Abortion Facility, at least one physician member performing abortion procedures in the facility must have admitting privileges in at least one local hospital. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.

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

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109 PATIENT TRANSFER

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

110 SAFETY

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

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

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

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

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

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

111 HOUSEKEEPING

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

112 LINEN AND LAUNDRY

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

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

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

113 SANITATION

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

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

114 PREVENTIVE MAINTENANCE

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

115 DISASTER PREPAREDNESS

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

115.02 Fire drills:

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

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

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

116 MEDICAL RECORD SERVICES

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

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

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equipped to permit the proper processing and storing of records. All medical records must be accessible and easily retrieved.

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

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

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

1. Patient identification, including the patient's full name, sex, address, date of birth, next of kin and patient number.
2. Admitting diagnosis.
3. Preoperative history and physical examination pertaining to the procedure to be performed.
4. Anesthesia reports.
5. Operative report.
6. Pertinent laboratory, pathology and X-ray reports.
7. Preoperative and postoperative orders.
8. Discharge note and discharge diagnosis.
9. Informed consent.
10. Nurses' notes:
    a. Admission and preoperative.
    b. Recovery and discharge.

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

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

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PART III PATIENT CARE

117 NURSING SERVICE

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

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

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

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

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

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

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

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

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

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

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

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1. Noting diagnostic and therapeutic orders.

2. Assignment of preoperative and postoperative care of patients.

3. Administration of medications.

4. Charting of nursing personnel.

5. Infection control.

6. Patient and personnel safety.

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

a. Provide a basis for staff development to enable new nursing personnel to acquire local knowledge and current skills through established orientation programs.

b. Provide a ready reference or procedures for all nursing personnel.

c. Standardize procedures and equipment.

d. Provide a basis for evaluation and study to ensure continued improvements in techniques.

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

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

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118 SURGERY

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

1. Surgical privileges according to covered surgical procedures shall be delineated for all physicians doing surgery in accordance with the competencies of each physician. A roster shall be kept in the confidential files of the operating room supervisor and in the files of the administrator.

2. The operating room register shall be complete and up-to-date.

3. There shall be a complete history and physical work-up in the chart of every patient prior to surgery plus documentation of a properly executed informed patient consent.

4. There shall be adequate provision for immediate postoperative care.

5. An operative report describing techniques and findings shall be written or dictated immediately following surgery and signed by the surgeon.

6. A procedure shall exist in establishing a program for identifying and preventing infections, maintaining a sanitary environment, and reporting results to appropriate authorities. The operating surgeon shall be required to report back to the facility an infection for infection control follow-up.

7. The operating rooms shall be supervised by an experienced registered professional nurse.

8. The following equipment shall be available to the operating suite: emergency call system, oxygen, mechanical ventilatory assistance equipment, including airways and manual breathing bag, cardiac defibrillator, cardiac monitoring equipment, thoracotomy set, tracheotomy set, laryngoscopes and endotracheal tubes, suction equipment, emergency drugs and supplies specified by the medical staff. Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the ambulatory surgical facility.

9. Precautions shall be taken to eliminate shock hazards, including use of shoe covers.

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

119 ANESTHESIA

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

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

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

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

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

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

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

120 DEPARTMENT OF DENTISTRY

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

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

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

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3. There shall be medical history done and recorded by a member of the medical staff before surgery is done and a physician in attendance who is responsible for the medical care of the patient.

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

5. The staff bylaws and regulations shall specifically delineate the rights and privileges of the dentists.

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

121 SANITARY ENVIRONMENT

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

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

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

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

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

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

122 CENTRAL STERILE SUPPLY

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

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

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

3. Sterile storage area should have pass-through to corridor.

123 PHARMACEUTICAL SERVICES

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

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

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

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

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

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

123.07 **Pharmacy Permits**.

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

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The facility shall not dispense medications to outpatients without the pharmacy permit.

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

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

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

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

1. Signature of pharmacist dispensing the controlled substance.

2. Signature of designated licensed person receiving the controlled substance.

3. The date and time controlled substance is dispensed.

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

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

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

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

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

123.12 **Waste of Controlled Substances**.

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

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

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

124 RADIOLOGY SERVICES

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

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

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

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

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

125 LABORATORY SERVICES

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

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

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

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

125.04 **<u>In-House Laboratories</u>**.

1. In-house laboratories shall be well-organized and properly supervised by qualified personnel.

2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.

3. Provisions shall be made for preventive maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained.

4. Written policies and procedures shall be developed and approved for all services provided by the laboratory.

5. When tissue removed in surgery is examined by a pathologist, either macroscopically or microscopically, as determined by the treating physician and the pathologist, the pathology report shall be made a part of the patient's record.

6. Arrangements shall be made for immediate pathological examinations, when appropriate.

7. The laboratory must provide pathologists' services, as necessary.

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126 PART IV ENVIRONMENT

127 PATIENT AREAS

127.01 **Patient Rooms (if provided)**:

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

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

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

4. Furnishing:

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

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

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

6. All walls shall be suitable for washing.

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

8. Patient bed light shall be provided.

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

127.02 **Service Areas**.

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

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

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

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

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

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

7. Provision for preoperative or postoperative nourishments.

8. Stretcher and wheelchair storage area.

9. Janitors closet, only large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

127.03 **Surgical Suite**.

1. This area shall be located so as to prevent through traffic and shall contain: At least one operating room with adequate sterile storage cabinets or number of operating rooms shall be based on the expected surgical workload.

2. A service area shall include:

   a. Surgical supervisor's station.

   b. Provision will be made for high speed sterilization of dropped instruments or pre-package instruments readily available for the operating room, if more than 50 feet from central supply.

   c. Scrub station for two persons to scrub simultaneously.

   d. Clean-up room with two-compartment sink and drain-board and space for a dirty linen hamper.

   e. Oxygen and nitrous oxide storage in compliance with National Fire Protection Association Bulletin 56-A.

   f. Janitors closet only large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

   g. Doctors locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

   h. Nurses locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

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i. Stretcher storage.

3. All finishes shall be capable of repeated scrubbings.

4. The use of flammable anesthetic gases is prohibited.

5. The temperature shall be maintained a 70-76 degrees Fahrenheit with a humidity level 50% to 60% and a 90% filter.

6. Special lighting shall be supplied that eliminates shadows in the operating field with enough background illumination to avoid excessive contrast. Isolated power system is required. Emergency lighting shall comply with Standards of Emergency Electrical Service.

7. Appropriate fire extinguisher shall be provided in the surgical suite.

127.04 **Recovery Room Suite**.

1. Recovery room shall contain charting space, medication storage and preparation and sink required.

2. Each patient shall have readily available oxygen, suction and properly grounded outlets. Each bed shall be readily adjustable to various therapeutic positions, easily moved for transport, shall have a locking mechanism for a secure stationary position and a removable headboard.

3. Direct visual observation of all patients shall be possible from a central vantage point, yet from the activity and noise of the unit by partitions, drapes and acoustic ceilings.

4. Eighty (80) square feet shall be provided each bed or stretcher to make easily accessible for routine and emergency care of the patients and also to accommodate bulky equipment that may be needed.

5. There shall be an alarm system for unit personnel to summon additional personnel in an emergency. The alarm shall be connected to any area where unit personnel might be, physician lounges, nurses lounges or stations.

6. The kind and quality of equipment shall depend upon the needs of the patients treated. Diagnostic monitoring and resuscitative equipment, such as respiratory assist apparatus, defibrillators, pacemakers, phlebotomy and tracheostomy sets, endotracheal tubes, laryngoscopes and other such devices shall be easily

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

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

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

128 GENERAL SERVICE FACILITIES

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

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

128.03 **Administrative Area Nursing**.

1. Space for conference and in-service training.

2. Director of Nurses office.

129 PLANS AND SPECIFICATIONS

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

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

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

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

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

1. First stage or preliminary plans shall include the following:

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

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

   c. Outline specifications listing the kind and type of materials.

2. Approval of preliminary plans and specifications shall be obtained from the Mississippi Department of Health prior to starting final working drawings and specifications.

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

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

   a. Architectural drawings.

   b. Structural drawings.

   c. Mechanical drawings to include plumbing, heating and air conditioning.

   d. Electrical drawings.

   e. Detailed specifications.

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2. Approval of working drawings and specifications shall be obtained from the Mississippi Department of Health prior to beginning actual construction.

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

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

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

130 GENERAL

130.01 **Location**. The ambulatory surgical facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the individuals with disabilities. Also, the facility shall be located within 15 minutes travel time from a hospital which has an emergency room staffed by an in-house physician during the hours the ambulatory surgical facility is open. Site approval by the licensing agency must be secured before construction begins.

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

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

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

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

130.06 **Garbage Disposal**. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal,

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or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

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

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

130.09 **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.

130.10 **Corridors**. Corridors shall comply with the following:

1. Corridors used by patients shall be as a minimum six feet wide.

2. Service corridors may be as a minimum four feet wide.

130.11 **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.

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

130.13 **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.

130.14 **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.

130.15 **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.

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

1. Shall be no less than 44 inches wide.

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

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

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

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

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

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

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

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

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

130.23 Disaster Preparedness Plan

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

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

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

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

4. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and

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

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

130.25 Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

130.26 <u>Conclusion</u>

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

1. Review the payroll records of each ambulatory surgical facility for the purpose of verifying staffing patterns.

2. Grant variances as it deems necessary for facilities existing prior to July 1, 1983.

3. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the questions of licensure.

4. The licensing agency shall reserve the right to review any and all records and reports of any ambulatory surgical facility, as deemed necessary to determine compliance with these minimum standards of operation.

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CERTIFICATION OF REGULATION

This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the Mississippi State Board of Health on _____Put Date Here_____ to become effective _____Put Date Here_____.

_____

Brian W. Amy, MD, MHA, MPH
Secretary and Executive Officer

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Title 15 - Mississippi Department of Health

Part III – Office of Health Protection

Subpart 01 – Health Facilities Licensure and Certification

CHAPTER 42 MINIMUM STANDARDS OF OPERATION FOR AMBULATORY SURGICAL FACILITIES

PART I GENERAL

100 LEGAL AUTHORITY

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

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

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

101 DEFINITIONS

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

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

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

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

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

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

license in compliance with all applicable requirements of Section 41-9-1 et seq.

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

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

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

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

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

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

1. Shall be a graduate of a professional school of nursing.

2. Shall currently be licensed by the Mississippi Board of Nursing.

3. Shall have at least one year of experience in medical surgical nursing and one year of surgical nursing and one year of surgical environment nursing.

4. Shall have good mental and physical health.

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

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

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

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

101.15 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi Department of Health.

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

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

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

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

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

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

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

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

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

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

102 TYPE OF LICENSE

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

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

103 LICENSING

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

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

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

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

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

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

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

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

104 RIGHT OF APPEAL

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

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

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

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

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

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

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

PART II ADMINISTRATION

105 GOVERNING AUTHORITY

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

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

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

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

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

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

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

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

106 ORGANIZATION AND STAFF

106.01 **Chief Executive Officer or Administrator**.

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

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

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

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

106.02 **Administrative Records**.

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

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

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

   c. Minutes of the governing authority meetings.

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

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

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

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

2. All permits and certificates shall be appropriately displayed.

107 PERSONNEL POLICIES AND PROCEDURES

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

1. Application for employment.

2. Written references and/or a record of verbal references.

3. Verification of all training and experience, and licensure, certification, registration and/or renewals.

4. Performance appraisals.

5. Initial and subsequent health clearances.

6. Disciplinary and counseling actions.

7. Commendations.

8. Employee incident reports.

9. Record of orientation to the facility, its policies and procedures and the employee's position. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

107.02 **Job Descriptions**.

1. Every position shall have a written description which adequately describes the duties of the position.

2. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.

3. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.

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

108 MEDICAL STAFF ORGANIZATION

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

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

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

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

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

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

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

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

108.07 **Professional Staff**. Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. The members of the medical staff shall have like privileges in at least one local hospital; however, in the case of a Level I Abortion Facility, at least one physician member performing abortion procedures in the facility must have admitting privileges in at least one local hospital. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.

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

109 PATIENT TRANSFER

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

110 SAFETY

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

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

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

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

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

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

111 HOUSEKEEPING

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

112 LINEN AND LAUNDRY

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

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

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

113 SANITATION

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

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

114 PREVENTIVE MAINTENANCE

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

115 DISASTER PREPAREDNESS

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

115.02 Fire drills:

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

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

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

116 MEDICAL RECORD SERVICES

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

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

equipped to permit the proper processing and storing of records. All medical records must be accessible and easily retrieved.

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

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

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

1. Patient identification, including the patient's full name, sex, address, date of birth, next of kin and patient number.
2. Admitting diagnosis.
3. Preoperative history and physical examination pertaining to the procedure to be performed.
4. Anesthesia reports.
5. Operative report.
6. Pertinent laboratory, pathology and X-ray reports.
7. Preoperative and postoperative orders.
8. Discharge note and discharge diagnosis.
9. Informed consent.
10. Nurses' notes:
    a. Admission and preoperative.
    b. Recovery and discharge.

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

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

PART III PATIENT CARE

117 NURSING SERVICE

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

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

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

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

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

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

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

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

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

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

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

1. Noting diagnostic and therapeutic orders.

2. Assignment of preoperative and postoperative care of patients.

3. Administration of medications.

4. Charting of nursing personnel.

5. Infection control.

6. Patient and personnel safety.

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

a. Provide a basis for staff development to enable new nursing personnel to acquire local knowledge and current skills through established orientation programs.

b. Provide a ready reference or procedures for all nursing personnel.

c. Standardize procedures and equipment.

d. Provide a basis for evaluation and study to ensure continued improvements in techniques.

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

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

118 SURGERY

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

1. Surgical privileges according to covered surgical procedures shall be delineated for all physicians doing surgery in accordance with the competencies of each physician. A roster shall be kept in the confidential files of the operating room supervisor and in the files of the administrator.

2. The operating room register shall be complete and up-to-date.

3. There shall be a complete history and physical work-up in the chart of every patient prior to surgery plus documentation of a properly executed informed patient consent.

4. There shall be adequate provision for immediate postoperative care.

5. An operative report describing techniques and findings shall be written or dictated immediately following surgery and signed by the surgeon.

6. A procedure shall exist in establishing a program for identifying and preventing infections, maintaining a sanitary environment, and reporting results to appropriate authorities. The operating surgeon shall be required to report back to the facility an infection for infection control follow-up.

7. The operating rooms shall be supervised by an experienced registered professional nurse.

8. The following equipment shall be available to the operating suite: emergency call system, oxygen, mechanical ventilatory assistance equipment, including airways and manual breathing bag, cardiac defibrillator, cardiac monitoring equipment, thoracotomy set, tracheotomy set, laryngoscopes and endotracheal tubes, suction equipment, emergency drugs and supplies specified by the medical staff. Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the ambulatory surgical facility.

9. Precautions shall be taken to eliminate shock hazards, including use of shoe covers.

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

119 ANESTHESIA

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

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

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

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

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

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

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

120 DEPARTMENT OF DENTISTRY

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

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

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

3. There shall be medical history done and recorded by a member of the medical staff before surgery is done and a physician in attendance who is responsible for the medical care of the patient.

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

5. The staff bylaws and regulations shall specifically delineate the rights and privileges of the dentists.

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

121 SANITARY ENVIRONMENT

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

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

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

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

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

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

122 CENTRAL STERILE SUPPLY

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

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

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

3. Sterile storage area should have pass-through to corridor.

123 PHARMACEUTICAL SERVICES

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

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

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

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

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

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

123.07 **Pharmacy Permits**.

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

The facility shall not dispense medications to outpatients without the pharmacy permit.

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

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

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

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

1. Signature of pharmacist dispensing the controlled substance.

2. Signature of designated licensed person receiving the controlled substance.

3. The date and time controlled substance is dispensed.

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

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

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

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

1. The patient's name.

2. The name of the controlled substance and the dosage administered.

3. The date and time the controlled substance is administered.

4. The signature of the practitioner administering the controlled substance.

5. The wastage of any controlled substance.

6. The balance of controlled substances remaining after the administration of any quantity of the controlled substance.

7. Day-ending or shift-ending verification of count of balances of controlled substances remaining, and controlled substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.

123.12 **Waste of Controlled Substances**.

1. All partially used quantities of controlled substances shall be wasted at the end of each case by the practitioner, in the presence of a licensed person. The quantity, expressed in milligrams, shall be recorded by the wasting practitioner into the anesthesia record and into the controlled substance record followed by his or her signature. The licensed record witnessing the wastage of controlled substances shall co-sign the controlled substance record.

2. All unused and unopened quantities of controlled substances which have been removed from the controlled substance cabinet shall be returned to the cabinet by the practitioner at the end of each shift.

3. Any return of controlled substances to the pharmacy in the Ambulatory Surgical Facility must be documented by a registered pharmacist responsible for controlled substance handling in the Ambulatory Surgical Facility.

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

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

124 RADIOLOGY SERVICES

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

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

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

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

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

125 LABORATORY SERVICES

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

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

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

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

125.04 **In-House Laboratories**.

1. In-house laboratories shall be well-organized and properly supervised by qualified personnel.

2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.

3. Provisions shall be made for preventive maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained.

4. Written policies and procedures shall be developed and approved for all services provided by the laboratory.

5. When tissue removed in surgery is examined by a pathologist, either macroscopically or microscopically, as determined by the treating physician and the pathologist, the pathology report shall be made a part of the patient's record.

6. Arrangements shall be made for immediate pathological examinations, when appropriate.

7. The laboratory must provide pathologists' services, as necessary.

126 PART IV ENVIRONMENT

127 PATIENT AREAS

127.01 **Patient Rooms (if provided)**:

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

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

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

4. Furnishing:

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

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

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

6. All walls shall be suitable for washing.

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

8. Patient bed light shall be provided.

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

127.02 **Service Areas**.

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

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

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

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

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

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

7. Provision for preoperative or postoperative nourishments.

8. Stretcher and wheelchair storage area.

9. Janitors closet, only large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

127.03 **Surgical Suite**.

1. This area shall be located so as to prevent through traffic and shall contain: At least one operating room with adequate sterile storage cabinets or number of operating rooms shall be based on the expected surgical workload.

2. A service area shall include:

   a. Surgical supervisor's station.

   b. Provision will be made for high speed sterilization of dropped instruments or pre-package instruments readily available for the operating room, if more than 50 feet from central supply.

   c. Scrub station for two persons to scrub simultaneously.

   d. Clean-up room with two-compartment sink and drain-board and space for a dirty linen hamper.

   e. Oxygen and nitrous oxide storage in compliance with National Fire Protection Association Bulletin 56-A.

   f. Janitors closet only large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

   g. Doctors locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

   h. Nurses locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

i. Stretcher storage.

3. All finishes shall be capable of repeated scrubbings.

4. The use of flammable anesthetic gases is prohibited.

5. The temperature shall be maintained a 70-76 degrees Fahrenheit with a humidity level 50% to 60% and a 90% filter.

6. Special lighting shall be supplied that eliminates shadows in the operating field with enough background illumination to avoid excessive contrast. Isolated power system is required. Emergency lighting shall comply with Standards of Emergency Electrical Service.

7. Appropriate fire extinguisher shall be provided in the surgical suite.

127.04 **Recovery Room Suite**.

1. Recovery room shall contain charting space, medication storage and preparation and sink required.

2. Each patient shall have readily available oxygen, suction and properly grounded outlets. Each bed shall be readily adjustable to various therapeutic positions, easily moved for transport, shall have a locking mechanism for a secure stationary position and a removable headboard.

3. Direct visual observation of all patients shall be possible from a central vantage point, yet from the activity and noise of the unit by partitions, drapes and acoustic ceilings.

4. Eighty (80) square feet shall be provided each bed or stretcher to make easily accessible for routine and emergency care of the patients and also to accommodate bulky equipment that may be needed.

5. There shall be an alarm system for unit personnel to summon additional personnel in an emergency. The alarm shall be connected to any area where unit personnel might be, physician lounges, nurses lounges or stations.

6. The kind and quality of equipment shall depend upon the needs of the patients treated. Diagnostic monitoring and resuscitative equipment, such as respiratory assist apparatus, defibrillators, pacemakers, phlebotomy and tracheostomy sets, endotracheal tubes, laryngoscopes and other such devices shall be easily

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

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

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

128 GENERAL SERVICE FACILITIES

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

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

128.03 **Administrative Area Nursing**.

1. Space for conference and in-service training.

2. Director of Nurses office.

129 PLANS AND SPECIFICATIONS

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

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

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

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

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

1. First stage or preliminary plans shall include the following:

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

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

   c. Outline specifications listing the kind and type of materials.

2. Approval of preliminary plans and specifications shall be obtained from the Mississippi Department of Health prior to starting final working drawings and specifications.

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

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

   a. Architectural drawings.

   b. Structural drawings.

   c. Mechanical drawings to include plumbing, heating and air conditioning.

   d. Electrical drawings.

   e. Detailed specifications.

2. Approval of working drawings and specifications shall be obtained from the Mississippi Department of Health prior to beginning actual construction.

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

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

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

130 GENERAL

130.01 **Location**. The ambulatory surgical facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the individuals with disabilities. Also, the facility shall be located within 15 minutes travel time from a hospital which has an emergency room staffed by an in-house physician during the hours the ambulatory surgical facility is open. Site approval by the licensing agency must be secured before construction begins.

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

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

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

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

130.06 **Garbage Disposal**. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal,

or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

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

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

130.09 **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.

130.10 **Corridors**. Corridors shall comply with the following:

1. Corridors used by patients shall be as a minimum six feet wide.

2. Service corridors may be as a minimum four feet wide.

130.11 **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.

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

130.13 **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.

130.14 **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.

130.15 **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.

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

1. Shall be no less than 44 inches wide.

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

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

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

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

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

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

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

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

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

130.23 Disaster Preparedness Plan

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

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

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

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

4. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and

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

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

130.25 Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

130.26 <u>Conclusion</u>

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

1. Review the payroll records of each ambulatory surgical facility for the purpose of verifying staffing patterns.

2. Grant variances as it deems necessary for facilities existing prior to July 1, 1983.

3. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the questions of licensure.

4. The licensing agency shall reserve the right to review any and all records and reports of any ambulatory surgical facility, as deemed necessary to determine compliance with these minimum standards of operation.

CERTIFICATION OF REGULATION

This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the Mississippi State Board of Health on _____Put Date Here_____ to become effective _____Put Date Here_____.

_____

Brian W. Amy, MD, MHA, MPH
Secretary and Executive Officer