Title 15 - Mississippi Department of Health

Part III – Office of Health Protection

Subpart 01 – Health Facilities Licensure and Certification

CHAPTER 41 MINIMUM STANDARDS OF OPERATION FOR MISSISSIPPI HOSPITALS

PART I AUTHORITY

100 AUTHORITY AND LICENSE

100.01 **Adoption of Regulations and Minimum Standards**. By virtue of authority vested in it by the Mississippi Code Annotated Sections 41-9-1 through 41-9-35, or as otherwise amended, the Mississippi Department of Health does hereby adopt and promulgate the following regulations and standards for hospitals.

101 DEFINITIONS.

101.01 **Hospital**. "Hospital means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from physical or mental infirmity, illness, disease, injury or deformity, or a place devoted primarily to providing obstetrical or other medical, surgical or nursing care of individuals, whether or not any such place be organized or operated for profit and whether any such place be publicly or privately owned. The term "hospital" does not include convalescent or boarding homes, children's homes, homes for the aged or other like establishments where room and board only are provided, nor does it include offices or clinics where patients are not regularly kept as bed patients.

101.02 **Person**. "Person" means any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof.

101.03 **Governmental Unit**. "Governmental Unit" means the state, or any county, municipality or other political subdivision or any department, division, board or other agency of any of the foregoing, excluding all federal establishments.

101.04 **Licensing Agency**. "Licensing agency" means the Mississippi Department of Health.

101.05 **License**. No person or governmental unit shall establish, conduct, or maintain a hospital in this state without a license.

101.06 **Application for License**. An application for a license shall be made to the licensing agency upon forms provided by the licensing agency, and shall contain such information as the licensing agency reasonably requires.

101.07 **Licensure Fees**. A licensure fee shall be paid to the licensing agency by check, draft or money order. A license shall not be issued to any hospital until such fee is received by the licensing agency.

101.08 **User Fee**. A "user fee" shall be assessed by the licensing agency for the purpose of the required reviewing and inspections of the proposal of any hospital in which there are additions, renovations, modernizations, expansion, alterations, conversions, modifications or replacement of the entire facility involved in the proposal. This fee includes the reviewing of architectural plans in all required steps.

101.09 **Renewal of License**. A license, unless suspended or revoked, shall be renewable annually, upon filing by the licensee, and approval by the licensing agency of an annual report upon such uniform dates and containing such information as the licensing agency requires and upon paying the annual fee for such license.

101.10 **Issuance of License**. Each license shall be issued only for the premises and persons or governmental units names in the application and shall not be transferable or assignable except with the written approval of the licensing agency.

101.11 **Posting of License**. Licenses shall be posted in a conspicuous place on the licensed premises.

102 DENIAL OR REVOCATION OF LICENSE.

102.01 The licensing agency, after notice and opportunity for 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 in these regulations and standards.

PART II ADMINISTRATION

103 OWNERSHIP

103.01 There shall be full disclosure of hospital ownership and control. In its Initial Application for Hospital License the hospital shall disclose:

1. The ownership of the hospital, including the names and addresses of the following: all stockholders, if the owner is a corporation; the partners, if the owner is a partnership; or the owner(s), if individually owned.

2. The name, address, and capacity of each officer and each member of the governing body, as well as the individual(s) directly responsible for the operation of the hospital.

3. Owner's proof of financial ability for continuous operation.

4. The name and address of the resident agent for service of process within the State of Mississippi if the owner shall not reside or be domiciled in the State of Mississippi.

103.02 Annually in its Application for Renewal of Hospital License the hospital shall report:

1. The name and address of the owner.

2. The name and address of the operator.

3. The name, address and capacity of each officer and each member of the governing body, as well as the individual(s) responsible for the operation of the hospital.

103.03 When any changes shall be made in the constituency of the governing body, the officers or the individual(s) directly responsible for the operation of the hospital, the hospital shall notify the licensing agency in writing within 15 days of such changes, and shall also furnish to it a certified copy of that portion of the minutes of the governing body dealing with such changes.

103.04 When change of ownership of a hospital is contemplated, the hospital shall notify the licensing agency in writing at least 30 days prior to the proposed date of change of ownership, giving the name and address of the proposed new owner.

103.05 The hospital shall notify the licensing agency in writing within 24 hours after any change of ownership and shall surrender its license there with.

104 GOVERNING AUTHORITY

104.01 The hospital shall have an organized governing body, or designated person(s) so functioning, that has overall responsibility for the conduct of the hospital in a manner consistent with the objective of making available high quality patient care. The governing body shall be the supreme authority in the hospital, responsible for the management of the hospital and appointment of the medical staff. The governing body shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the hospital and the means of fulfilling them, and shall at least:

1. Be in writing available to all members of the governing body.

2. Contain the name of the governing body.

3. State the manner in which the members of the governing body, the officers and the administrative personnel are selected, the terms for which they are elected or appointed, and their duties and responsibilities.

4. Specify to whom authority for operation and maintenance of the hospital, including evaluation of hospital practices, may be delegated; and the methods established by the governing body for holding such individuals responsible.

5. Provide a schedule of meetings of the governing body at sufficiently frequent intervals to permit it an evaluation of the performance of the hospital as an institution and to carry on necessary planning for the proper developments and growth of the hospital, with written minutes to be kept of all such meetings.

6. Provide the method of appointment, re-appointment and removal of members of the medical staff.

7. Provide mechanisms for the formal approval of the organization, bylaws, and rules and regulations of the medical staff and its department in the hospital.

105 MANAGEMENT

105.01 The governing body shall appoint an administrator whose, authority, and duties shall be defined in a written statement adopted by the governing body, the medical staff and all other branches and departments of the hospital. An administrator appointed on or after February 14, 2005 shall have at least a bachelor's degree and one (1) year experience in a health related field.

105.02 The administrator shall be vested with sufficient authority to adequately perform all of the duties and responsibilities of his position, both written and implied.

105.03 The governing body, through the administrator, shall provide appropriate physical resources and personnel required to meet the needs of the patients, and shall participate in planning to meet the health needs of the community.

105.04 The governing body, through its administrator, shall take all reasonable steps to comply with all applicable federal, state and local laws and regulations.

105.05 The governing body, through its administrator, shall provide for the control and use of the physical and financial resources of the hospital.

105.06 The governing body shall delegate to the medical staff the authority to evaluate the professional competence of staff members and applicants for medical staff membership and/or clinical privileges. It shall hold the medical staff responsible for making recommendations to the governing body concerning initial staff appointments, re-appointments, removals and/or assignment or curtailment of clinical privileges.

105.07 The governing body shall have the authority and responsibility for the appointment, reappointment and removal of the members of the medical staff and other practitioners who have been granted clinical privileges.

105.08 Appointment, reappointment and removal of the members of the medical staff and other practitioners with clinical privileges shall be based upon well defined written criteria set forth in the bylaws.

105.09 The governing body shall utilize the advice of the medical staff in granting and defining the scope of clinical privileges to individual physicians, dentists and other practitioners requesting clinical privileges. If the medical staff does not include a physician or practitioner of the same specialty, the medical staff shall consult with the appropriate licensure boards regarding scope of practice before making recommendations to the governing body regarding clinical privileges.

105.10 No applicant shall be denied medical staff privileges in any publicly owned hospital on the basis of any criteria lacking professional justification.

105.11 A mechanism shall be established in the bylaws for review by a joint committee when the governing body disagrees with the recommendations of the medical staff.

105.12 All physicians, dentists and other practitioners applying for medical staff membership and/or clinical privileges must sign an agreement to abide by the medical staff by-laws and rules and regulations.

105.13 The governing body shall inform applicants for medical staff membership and/or clinical privileges of the disposition of their application in a reasonable time.

105.14 The medical staff bylaws and rules and regulations shall be subject to governing body approval, which shall not be unreasonably withheld. These shall include an effective formal means for the medical staff to participate in the development of hospital policy relative to patient care.

105.15 The governing body shall require that the medical staff establish controls that are designed to insure the achievement and maintenance of high standards of professional ethical practices, and shall:

1. Establish policies that insure that only members of the medical staff dental staff or other practitioners designated by the governing body admit patients to the hospital.

2. Insure that a physician member of the medical staff is responsible for the care of each patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization and is not specifically within the scope of practice of other practitioners with clinical privileges as defined by State law.

3. Each individual hospital in the state shall decide by its "credentialing committee", or by whatever name it uses for the functions of credentialing, whether or not it chooses to abide by the amendments as set out in Chapters 1, 2, 3, and 4 hereof, as pertaining to dental staff.

105.16 If it shall be the policy of the hospital for physicians rendering consecutive services under contract with the hospital to bill hospital patients separately for their services, all hospital patients shall be advised, upon entering or prior to leaving the hospital, that they may expect a separate and additional bill for any such services as may have been rendered them.

105.17 **Criminal History Record Checks**.

1. **Affidavit**. For the purpose of fingerprinting and criminal background history checks, the term “affidavit” means the use of Mississippi Department of Health (MSDH) Form #210, or a copy thereof, which shall be placed in the individual’s personal file.

2. **Employee**. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term employee”, also includes any individual who by contract with the covered entity provides direct patient care in a patient’s, resident’s, or client’s room or in treatment rooms.

   The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

   a. The student is under the supervision of a licensed healthcare provider; and

b. The student has signed the affidavit that is on file at the student's school stating that he or she has not been convicted of or plead guilty or *nolo contendere* to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

c. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

3. **Covered Entity**. For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

4. **Licensed Entit**y. For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency or hospice.

5. **Health Care Professional/Vocational Technical Academic Program**. For the purpose of criminal history record checks, "health care professional/vocational technical academic program" means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

6. **Health Care Professional/Vocational Technical Student**. For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.

7. **Direct Patient Care or Services**. For purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis.

8. **Documented Disciplinary Action**. For the purpose of fingerprinting and criminal background history checks, the term "documented disciplinary action" means any action taken against an employee for abuse or neglect of a patient.

105.18 **Criminal History Record Checks**.

1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

    a. Every new employee of a covered entity who provides direct patient care or services and who is employed on or after July 01, 2003, and

    b. Every employee of a covered entity employed prior to July 01, 2003, who has a documented disciplinary action by his or her present employer.

2. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted.

3. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility:

    a. possession or sale of drugs

    b. murder

    c. manslaughter

    d. armed robbery

    e. rape

    f. sexual battery

    g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972

    h. child abuse

i. arson

j. grand larceny

k. burglary

l. gratification of lust

m. aggravated assault

n. felonious abuse and/or battery of vulnerable adult

4. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee's disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

5. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

6. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed an affidavit as required by this section. The covered entity shall place the affidavit in the employee's personnel file as proof of compliance with this section.

7. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility's policies and procedures.

8. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (g) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity's hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow

the employee or employee applicant to be employed at the covered entity. The covered entity , upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

9. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00).

10. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection.

11. For individuals contacted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

12. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

106 THE MEDICAL STAFF

106.01 The hospital shall have an organized medical staff that has the overall responsibility for the quality of all medical care provided to patients, and for the ethical conduct and professional practices of its members as well as for accounting therefore to the governing body. Each member of the medical staff shall be qualified for staff membership and for the exercise of the clinical privileges granted to him.

106.02 The medical staff shall be limited to individuals who are licensed to practice medicine, osteopathy, or dentistry in the State of Mississippi, and such other practitioners as determined by the governing body. Such members must be appropriately licensed or certified and shall be professionally and ethically qualified for the positions to which they are appointed.

106.03 Clinical privileges granted to dentists shall be based on their training, experience, demonstrated competence and judgment.

1. The scope and extent of surgical procedures that each dentist may perform must be specifically defined and recommended in the same manner as surgical privileges for physicians.

2. Surgical procedures performed by dentists shall be under the overall supervision of the Chief of Surgery. In hospitals where a Chief of Surgery is not designated, they shall be under the overall supervision of a competent surgeon approved by the Chief of Staff or president of the medical staff.

3. All dental patients must receive the same basis medical appraisal by a physician as patients admitted for other services except patients admitted by a qualified oral surgeon. An oral surgeon who admits a patient without medical problems may complete an admission history and a physical examination and assess the medical risks of the procedure to the patient if qualified to do so. Criteria to be used in identifying such a qualified oral surgeon shall include, but shall not necessarily be limited to, the following: successful completion of a postgraduate program in oral surgery accredited by a nationally recognized accrediting body approved by the United States Office of Education; and, as determined by the medical staff, evidence that the oral surgeon who admitted the patient is currently competent to conduct a complete history and physical examination to determine the patient's ability to undergo the oral surgical procedure the oral surgeon proposes to perform.

   Patients with medical problems admitted to the hospital by qualified oral surgeons and patients admitted for dental care by individuals who are not qualified oral surgeons shall receive the same basic medical appraisal as patients admitted for other services. This includes having a physician who either is a member of the medical staff or is approved by the medical staff

perform an admission history, a physical examination, and an evaluation of the overall medical risk and record the findings in the medical record. The responsible dentist shall take into account the recommendations of this consultation in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. When significant medical abnormality is present, the final decision must be a joint responsibility of the dentist and the medical consultant. The dentist shall be responsible for that part of the history and physical examination related to dentistry. A physician member of the medical staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of dental patients.

4. A physician member of the medical staff must be responsible for the care of any medical problem that may be present or that may arise during the hospitalization of dental patients.

106.04 All clinical privileges shall be based on training, experience, demonstrated competence, and judgment.

106.05 The medical staff shall be organized to accomplish its required functions; it shall provide for selection or appointment of its officers, executive committee, department head or service chiefs.

106.06 The medical staff must provide a framework in which the duties, functions, and responsibilities of the medical staff can be carried out. The complexity of the organization will depend on the size of the hospital and the scope of the activities of the medical staff.

106.07 There shall be such officers of the medical staff as to provide effective governing of the medical staff and to provide effective medical care. There should be at least a president, vice-president, and secretary-treasurer of the medical staff, or other similar titles.

106.08 The medical staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care.

106.09 The medical staff should participate in continuous study and evaluation of factors relating to patient care in the hospital's internal environment. This should include participation in the development of hospital policies and procedures in-so-far as they affect patient care.

106.10 The development and surveillance of pharmacy and therapeutic practices in relation to drug utilization must be performed by the medical staff in cooperation with the pharmacist.

106.11 The medical staff shall see that there is adequate documentation of medical events by a review of discharged patients that shall insure that medical records meet the required

standards of completeness, clinical pertinence, and promptness or completion of following discharge.

106.12 The medical staff shall actively participate in the study of hospital-associated infections, and infection potentials, and must promote a preventive and corrective program designed to minimize their hazards.

106.13 The medical staff and the hospital's administration must evaluate their ability to manage internal and external disasters and other emergency situations. Medical staff responsibilities shall be clearly outlined.

106.14 There shall be regular medical staff meetings to review the clinical work of members and to complete medical staff administrative duties.

106.15 The medical staff shall provide a continuing program of professional education, or give evidence of participation in such a program.

106.16 The medical staff shall develop and adopt bylaws and rules and regulations to establish a framework for self-government and a means of accountability to the governing body, such bylaws and rules and regulations to be approved by the governing body.

106.17 The medical staff bylaws and rules and regulations, as a minimum, shall:

1. Contain the name of the organization.

2. Delineate the organizational structure of the medical staff.

3. Specify the qualifications and procedures for admission to and retention of staff membership, including the delineation, assignment, reduction, and withdrawal of clinical privileges.

4. Specify the method of reviewing the qualifications of staff members.

5. Provide an appeal mechanism relative to medical staff recommendations for denial, curtailment, suspension, or revocation of clinical privileges in any hospital having an open staff. This mechanism shall provide for review of decisions including the right to be heard at each step of the process when requested by the practitioner.

6. Delineate clinical privileges of non-physician practitioners, as well as responsibilities of the physician members of the medical staff in relation to non-physician practitioners. A non-physician practitioner is a health professional licensed or otherwise authorized by the state to provide a range of independent or interdependent health services. Such providers include but are not limited to chiropractors, licensed professional counselors, licensed social workers, nurse practitioners (including nurse anesthetists), psychologists, podiatrists, and optometrists.

7. Require a pledge that each practitioner will conduct his practice in accordance with high ethical traditions and will refrain from:

    a. Rebating a portion of a fee, or receiving other inducements in exchange for a patient referral.

    b. Deceiving a patient as to the identity of an operating surgeon or any other medical practitioner providing services.

    c. Delegating the responsibility of hospitalized patients to another medical practitioner who is not qualified to undertake this responsibility.

8. Provide for methods of selection of officers and clinical department or service chairmen.

9. Outline the responsibilities of the medical staff officers and clinical department or service chairmen.

10. Specify composition and functions of standing committees or standing committee functions as required by the complexity of the hospital.

11. Establish requirements regarding the frequency of and attendance at general and departmental meetings of the medical staff.

12. Require that the evaluation of the significance of medical histories, the authentication of medical histories, and the performance and recording of physical examinations and prescribing of treatment be carried out by those with appropriate licenses and clinical privileges within their sphere of authorization.

13. Establish requirements regarding the completion of medical records.

14. Provide for a mechanism by which the medical staff consults with and reports to the governing body.

15. Adopt rules and regulations that contain specific statements covering procedures that foster optimal achievable patient care, including the care provided in the emergency service area.

16. Provide that each practitioner shall on application for clinical privileges sign an agreement to abide by the current medical staff bylaws and rules and regulations and the hospital bylaws.

17. Provide for records of attendance and minutes that adequately reflect the transactions, conclusions, and recommendations of the medical staff.

18. Require and include procedures for evaluation of medical care.

PART III DESIGN AND CONSTRUCTION ELEMENTs

107 PHYSICAL PLANT

107.01 **General**. Every institution subject to these Minimum Standards shall be housed in a safe building which contains all the facilities required to render the services contemplated in the application for license.

107.02 **Codes**. The term "safe" as used in Section 601 hereof shall be interpreted in the light of compliance with the requirements of the codes recognized by this agency on date of construction which are incorporated by reference as a part of these Minimum Standards; included are the Life Safety Code of the National Fire Protection Association, American National Standards Institute, Standards Number A-17.1, and A-17.3, Safety Code for Elevators and Escalators, the American Institute of Architects (AIA), Guidelines for Design and Construction of Hospital and Health Care Facilities, and references incorporated as body of all afore mentioned standards.

Life Safety Code compliance relative to construction date:

1. Buildings constructed after February 14, 2005 shall comply with the edition of the Life Safety Code (NFPA 101) recognized by this agency on the date of construction.

2. Building constructed prior to February 14, 2005 shall comply with existing chapter of the Life Safety Code recognized by this agency.

For minimum standards governing Heating, Ventilation, and Air Conditioning (HVAC), area design, space allocation, parking requirements, and other considerations not specifically addressed by local authority or standards referenced herein, compliance with the AIA guidelines will be deemed acceptable.

108 SUBMISSION OF PLANS AND SPECIFICATIONS

108.01 Construction shall not be started for any institution subject to these standards (whether new or remodeling or additions to an existing licensed hospital) until the plans and specifications for such construction or remodeling have been submitted to the Licensing Agency in writing and its approval of the changes given in writing.

108.02 **Exception**: Foundation changes made necessary by unanticipated conditions, or any conditions which present a hazard to life or property if not immediately corrected.

108.03 Plans and specifications for any substantial hospital construction or remodeling should be prepared by competent architects and engineers licensed to practice in the state and who assume responsibility for supervising the construction. The following plans shall be submitted to the Licensing Agency for review:

1. Preliminary Plans - To include schematics of buildings, plot plans showing size and shape of entire site, existing structures, if any, streets and location and characteristics of all needed utilities, floor plans of every floor dimensioned and with proposed use of each room or area shown. If for additions or remodeling, provide plan or of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of heating, ventilating, plumbing and electrical systems proposed.

2. Final Working Drawings and Specifications - Complete and in sufficient detail to be the basis for the award of construction contracts.

108.04 All plans submitted for review must be accompanied in their first submission by an order of the governing board indicating the type and scope of license to be applied for or a Certificate of Need.

108.05 Plans receiving approval of the Licensing Agency upon which construction has not begun within six (6) months following such approval must be resubmitted for approval.

108.06 In all new facilities, plans must be submitted to all regulatory agencies, such as the County Health Department, etc., for approval prior to starting construction.

108.07 Upon completion of construction an inspection shall be made by the Licensing Agency and approval given prior to occupying the building or any part thereof. The state and county health departments shall have access to the job site during regular business hours and shall conduct construction progress inspections as deemed necessary by the agency.

108.08 **Environment**. All hospitals shall be so located that they are reasonably free from undue noises, smoke, dust or foul odors, and should not be located adjacent to railroads, freight yards, schools, children's playgrounds, airports, industrial plants or disposal plants. The proposed site for new hospitals shall be approved by the department. No new facilities shall be located nearer than 1000 ft. to a cross-country petroleum or gas pipeline.

108.09 **Zoning Restrictions**. The locations of an institution shall comply with all local zoning ordinances.

108.10 **Access**. Institutions located in rural areas must be served by good roads which can be kept passable at all times.

108.11 **Elevators**. One power driven elevator is required in all hospitals having patient rooms, operating suite, or delivery suite above the first floor. Two or more elevators are required if 60 or more patients are housed above the ground floor. Minimum cab dimensions required for elevators transporting patients is 76" x 50" inside clear measurements; hatchway and cab doors 3'8" wide, minimum. Elevators are subject to the requirements of referenced standard listed in paragraph 602, Codes, of this regulation.

109 FIRE REPORTING AND PROTECTION

109.01 Duty to report all fires, explosions, natural disasters, avoidable deaths or avoidable serious or life threatening injuries to patients shall be reported by telephone to the department by the next working day after the occurrence. The licensing agency will provide the appropriate forms to the facility which shall be completed and returned within fifteen (15) calendar days of the occurrence. All reports shall be complete, thorough, and shall record at a minimum the casual factors, date, time of occurrence, and exact location of occurrence whether inside or outside of the facility. Attached thereto shall be all police, fire, and/or other official reports.

There must be a telephone in the building to summon help in case of fire.

109.02 All new construction or renovation with the licensing agency's approval date on or after February 14, 2005 shall be protected throughout by a sprinkler system.

109.03 **Heating and Ventilating**. Suitable artificial heat shall be furnished to maintain 75 degrees F inside temperature with 10 degrees F outside temperature. Circulating hot water from a remote boiler or vapor steam with circulating pumps and controls on emergency electrical service to provide heating in case of power failures are the preferred methods of heating. Electrical heating will be approved provided a standby electrical generator is provided of capacity to furnish 80% of the maximum heating load in addition to other power and lighting loads that may be connected to it, or the hospital is supplied by two electric service lines connected to separate transformers at the sub-station so arranged that electric service can be maintained in case of failure of one line or transformer.

110 PLUMBING

110.01 All institutions subject to these standards shall be connected to an approved municipal water system or to a private supply whose purity has been certified by the laboratory of the Department of Health. Private supplies must be sampled, tested, and its purity certified at least twice annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump. Supply must be adequate, both as to volume and pressure for fire fighting purposes. Deficiencies in either must be remedied by the provision of auxiliary pumps, pressure tanks or elevated tanks as may be required.

110.02 An approved method of supplying hot water for all hospital uses must be provided. Water to lavatories and scrub sinks must be 100 degrees-115ºF. Water to mechanical dishwashers must be delivered at 180 degrees F for rinsing.

110.03 Supply piping within the building shall be in accordance with the local code. Special care must be taken to avoid use of any device or installation which might cause contamination of the supply through back-siphonage or cross connections.

111 SEWAGE DISPOSAL

111.01 All institutions subject to these standards shall dispose of all sanitary wastes through connection to a suitable municipal sewerage system or through a private sewerage system that has been approved in writing by the Division of Environmental Services, Onsite Waste Water of the Department of Health.

111.02 All fixtures located in the kitchen, including the dishwasher, shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain. Kitchen drain may empty into a manhole or catch basin having a perforated cover with an elevation of at least 24" below the kitchen floor evaluation, and hence to the sewer. Exceptions: existing licensed institutions which have no plumbing fixtures installed on floors which are above the floor on which the kitchen is located.

112 EQUIPMENT

112.01 **Medical Equipment Management**. In order to ensure safe and reliable operation of medical equipment, qualified personnel shall maintain all medical equipment, regardless of ownership. Such maintenance shall be based upon criteria such as manufacturer's recommendations, common industry practices and current hospital experience and shall include the following:

1. Current equipment inventory.
2. Periodic electrical safety inspections and preventive maintenance.
3. Documentation of all testing and maintenance activities, inclusive of any repairs.
4. Reporting and investigating equipment problems, failures, and user errors that may have an adverse effect on patient safety or the quality of care.
5. Monitoring and acting on equipment hazard notices and recalls.
6. Monitoring and reporting incidents in which a medical device is suspected or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

The facility shall maintain life support equipment utilizing maintenance strategies designed to minimize clinical and physical risks inherent in use of such equipment.

112.02 **Electric Nurse Call**. There shall be installed a low voltage nurse call system for every bed and such other areas as deemed necessary, with annunciator at nurses station and nurses work area.

113 EMERGENCY ELECTRIC SERVICE

113.01 **General**. To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

113.02 **Source**. The source of this emergency electric service shall be an emergency generator, with a stand-by supply of fuel for 24 hours.

113.03 **Patient Rooms**: Each patient room shall meet the following requirements:

1. **Area**. Shall provide 120 sq. ft. of floor area for a single bedroom and 100 sq. ft. per bed in multi-bedrooms with new construction or renovation approved by the licensing agency on or after February 14, 2005.

2. **Ceiling Height**. Shall be 8'0" minimum.

3. **Windows**. All rooms housing patients shall be outside rooms and shall have window area equal to 1/8th of the floor area. The sill shall not be higher than 36 inches above the floor and shall be above grade. Windows shall not have any obstruction to vision (wall, cooling tower, etc.) within 50 feet as measured perpendicular to the plane of the window.

4. **Storage**. Each patient shall be provided with a hanging storage space of not less than 16" x 24" x 52" for personal belongings.

113.04 **Furnishings**:

1. **Bed**. Each patient room shall be equipped with an adjustable bed.

2. **Bedside Cabinet**. A bedside cabinet shall be provided for each patient. It should contain a water service, bedpan, urinal, emesis basin, and bath basin. (These may be disposable.)

113.05 **Rooms** shall be equipped with curtains or blinds at windows. All curtains shall have a flame spread of 25 or less.

113.06 **Cubicle curtains** or equivalent built-in devices for privacy in all multi-bed rooms shall be provided. They shall have a flame spread of 25 or less. Cubicle curtains shall encircle the bed on three sides. Must comply with mesh webbing for sprinkler systems.

113.07 **A lavatory equipped with wrist action handles**, shall be located in the room or in a private toilet room. (If a water closet is provided, a bedpan washer is recommended.)

113.08 **Patient bed light** shall be provided which shall be capable of control by the patient.

Provide a night light bright enough for the staff to perform routine duties, but dim enough so as not to disturb the patient.

113.09 **Service Areas**. The size of each service area will depend on the number and type beds within the unit and shall include the following:

1. **Nurse Station**. For nurses charting, doctors charting, communication and storage for supplies and nurses personal effects.

2. **Staff Toilet with Lavatory**. Convenient to nurse's station.

3. **Clean Work Room**. For storage and assembly of supplies for nursing procedures. Shall contain 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 with a light in the nurses station that indicates when the door is open and work counter. (May be in clean work room in self-contained cabinet.)

6. **Clean Linen Storage**. A closet large enough to hold an adequate supply of clean linen.

7. Provision for between-meal nourishments.

8. **Patient Bath**. At least one tub or shower-stall for each 18 patients not served by private bath.

9. **Stretcher and Wheelchair Storage Area**.

10. **Fire Extinguisher**. One (1) approved Class ABC unit for each 3000 sq. ft.

11. **Janitor's Closet**. Closet large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

113.10 **Isolation Room**: (At least one per hospital). It shall contain:

1. One patient bed per room.

2. Private lavatory and toilet.

3. View window 10" x 10" in door.

4. Anteroom with door to corridor and door into patient room. This anteroom shall have a lavatory, shelving, space for linen hamper, and

hanging space adequate for isolation techniques. Supply and exhaust is to be separate from the patient room supply and exhaust.

113.11 **Detention Room**. If a detention room is provided, it shall be provided with key-only lock on all doors operated from both sides and security screen on the window for disturbed or confused patients. The isolation room may be modified for this purpose.

114 SPECIAL CARE

114.01 In addition to the requirements for patient rooms and service areas, a special care area, where provided, shall meet fire safety standards and electrical hazard standards applicable to intensive care units, cardiac units, and other such areas.

114.02 A waiting room shall be provided in this area and shall contain 10 sq. ft. per bed.

114.03 Newborn Nursery shall have:

1. Lavatory with wrist action blade handles.
2. Emergency nurses call.
3. Oxygen, with equipment for measuring oxygen content.
4. Facilities for viewing the babies.

114.04 Each full term nursery shall contain no more than 12 bassinets with a minimum area of 24 sq. ft. for each bassinet. An examination and work room shall be provided. One work room may serve more than one nursery. The nursery is to be entered only through the work room. There shall be a separate bassinet for each infant consisting of stand, removable basket, cabinet or table for storage of individual utensils and supplies.

114.05 Janitor's closet shall be provided. (See Section 113.09 [11]).

114.06 Specific provisions shall be made to take care of premature babies. Incubators suitable for the care of premature infants shall be provided.

114.07 Nursery heating shall be variable from 75 degrees - 80 degrees, with provisions for maintaining a relative humidity above 50%.

114.08 All electric receptacles in each nursery shall be on the emergency circuit.

114.09 Pediatric Unit (if provided as a separate unit) shall contain:

1. Patient room as described in Section 113.03.
2. 50 sq.ft. per crib, with adequate space provided for person in attendance.
3. Service areas, in addition to those described in Section 113.09, shall include a treatment room with lavatory with wrist action blade handles.

114.10 Psychiatric Unit, if provided, shall contain rooms and service areas as described in Sections 113.03 and 113.09. In addition, there shall be physician's office, examining room, conference room, dining room and day room.

115 SURGICAL SUITE

115.01 This area shall be located so as to prevent through traffic and shall contain:

1. At least one operating room, with adequate sterile storage cabinets, for the first 50 beds and thereafter the number of rooms should be based on the expected surgical workload.

2. Recovery room with charting space, medication storage and preparation and sink is required. Oxygen, suction and other life supporting equipment must be immediately available to the patient and shall meet the requirements of National Fire Protection Association NFPA 99.

3. A service area which shall include:

   a. Surgical supervisor's station.

   b. Provision for high speed sterilization of dropped instruments readily available to operating room.

   c. Medicine preparation and storage area.

   d. Scrub station for two persons to scrub simultaneously.

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

   f. Anesthesia storage in compliance with National Fire Protection Association NFPA 99.

   g. Oxygen and nitrous oxide storage in compliance with National Fire Protection Association NFPA (99).

   h. Janitors closet (See Section 113.14 - 11).

   i. Physicians' locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

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

   k. Storage for transport beds.

115.02 All finishes shall be capable of repeated scrubbings.

115.03 Heating and cooling in accordance with AIA guidelines.

115.04 Special lighting shall be supplied that eliminated shadows in the operating field with enough background illumination to avoid excessive contrast. Emergency lighting shall comply with Section 113.

115.05 Fire extinguishers shall be provided and distributed in accordance with NFPA10.

116 CENTRAL STERILE SUPPLY

116.01 The following areas shall be separate:

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.

117 OBSTETRICAL SUITE

117.01 The requirements of this area are the same as Sections 116 except for Sections 116.01-2 and 116.01-3.

117.02 A labor room shall be provided with necessary equipment, a lavatory with wrist action blade handles, and shall be acoustically treated.

118 OUTPATIENT AND TRAUMA AREA

118.01 This area shall be located to prevent outpatient from traversing inpatient areas and shall include:

1. A well-marked and sheltered entry with nearby parking and access for ambulance.

2. Waiting room with public telephone, drinking fountain, and toilet.

3. Admission and record area.

4. Examination and treatment rooms containing lavatory with wrist action blade handles and nurse call station. These rooms shall be so arranged that stretcher patients can be examined and treated.

5. Trauma room adequate for cast work and with sufficient lighting for detailed examinations.

6. Storage for sterile supplies.

7. Medicine preparation and storage area that can be locked.

8. Transport bed and wheelchair storage.

9. Janitor's closet (See Section 113.14-11).

10. Dirty Utility area.

118.02 The walls and floors shall be capable of repeated washings in all areas except trauma area which shall have floors, walls and ceilings capable of repeated washings.

119 RADIOLOGY SUITE

119.01 This area should be as close to outpatient area as practical. It shall contain:

1. Radiographic room or rooms.

2. Film processing room.

3. Film filing room.

4. Toilet available to each fluoroscopy room.

5. Dressing room (at least two per radiographic room).

6. Patient waiting area.

7. Administrative area, including space for film viewing.

120 LABORATORY

120.01 Adequate space for the following services shall be provided: chemistry, bacteriology, serology, pathology and hematology. Provision shall be made for:

1. Glass washing and sterilizing.
2. Administrative area, to include space for records and files.
3. Blood storage.
4. Specimen collection toilet (This may be primarily for other use).

121 DRUG ROOM

121.01 Adequate space shall be provided for storage of drugs and for keeping of necessary records. The room shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs.

122 DIETARY

122.01 Construction and equipment shall comply with Department of Health regulations, and shall include:

1. Food preparation center. Provide lavatory (without mirror) with wrist action blades, soap dispenser and disposable towel dispenser. All cooking appliances to have ventilating hood.
2. Food serving facilities. If dining space is provided, it shall contain a minimum of 15 sq. ft. per person seated.
3. Dishwashing room. Provide commercial type dishwashing equipment.
4. Pot washing facilities.
5. Refrigerated storage (three day supply).
6. Day storage (three day supply).
7. Cart cleaning facilities (can be in dishwashing room).
8. Can wash and storage (must be fly-tight).
9. Cart storage.
10. Dietitian's office.
11. Janitor’s closet (See Section 113.14).

12. Personnel toilets and lockers convenient to, but not in, the kitchen proper.

13. Approved automatic fire extinguisher system in range hood. In addition, Class K extinguisher to be installed in the kitchen.

123 ADMINISTRATIVE AREA

123.01 **Administrative Area**. To include:

1. Business office with information desk cashier's station and personnel toilets.

2. Administrator's office.

3. Admitting area.

4. Lobby or foyer, with public toilets.

5. Medical Library (This area should be as close to medical records as possible).

6. Space for conferences and in-service training.

7. Medical records - office and storage.

8. Director of Nurses' office.

9. Fire Extinguisher. An approved Class 2A unit shall be provided.

123.02 **Housekeeping Area**. To include:

1. Housekeeper's office.

2. Storage space for staff carts, if used.

123.03 **Laundry**. To include:

1. Soiled linen room with lavatory with wrist action blades.

2. Clean linen and mending area. (To include space for storage of clean linen carts).

3. Laundry process room. Commercial type equipment sufficient for the needs of the hospital, unless contract service is used.

4. Janitor’s closet (See Section113.14 - 11).

123.04 **General Storage**. There shall be a one hour fire rated lockable room, or separate building provided, which contains at least 18 sq. ft. per licensed bed.

123.05 **Boiler Room**. Space shall be adequate for the installation and maintenance of the required machinery.

123.06 **Maintenance Area**. Sufficient area for performing routine maintenance activities shall be provided and shall include office for maintenance engineer.

PART IV NURSING SERVICES

124 EMERGENCY

124.01 **General**. The hospital shall have a procedure for taking care of emergency cases. Participation shall not be limited to hospitals which have organized emergency services or departments. There shall be effective policies and procedures relating to the staff, functions of the service, and emergency room medical records and adequate facilities in order to assure the health and safety of the patients.

125 ORGANIZATION AND DIRECTION

125.01 The department or service shall be organized, directed by qualified personnel, and integrated with other departments of the hospital.

125.02 There shall be written policies which shall be enforced to control emergency room procedures.

125.03 The policies and procedures governing medical care provided in the emergency service or department shall be established by and shall be a continuing responsibility of the medical staff.

125.04 The emergency service shall be supervised by a qualified member of the medical staff, and nursing functions shall be the responsibility of a registered professional nurse.

125.05 The administrative functions shall be the responsibility of a member of the hospital administration.

126 FACILITIES

126.01 Facilities shall be provided to assure prompt diagnosis and emergency treatment.

126.02 Facilities shall be separate and independent of the operating room.

126.03 The location of the emergency service shall be in close proximity to an exterior entrance of the hospital.

126.04 Diagnostic and treatment equipment, drugs, supplies, and space, including a sufficient number of treatment rooms, shall be adequate in terms of the size and scope of services provided.

127 MEDICAL AND NURSING PERSONNEL

127.01 There shall be adequate medical and nursing personnel available at all times.

127.02 The medical staff shall be responsible for insuring adequate medical coverage for emergency services.

127.03 Qualified physicians shall be regularly available at all times for the emergency service, either on duty or on call.

127.04 Qualified nurses shall be available at all times and in sufficient number to deal with the number and extent of emergency services.

128 MEDICAL RECORDS

128.01 Adequate medical records on each patient shall be kept. The emergency medical record shall contain:

1. Patient identification.
2. History of disease or injury.
3. Physical findings.
4. Laboratory and x-ray reports, if any.
5. Diagnosis.
6. Record of treatment.
7. Disposition of the case.
8. Signature of a physician.

128.02 Medical records for patients treated in the emergency service shall be maintained and correlated with other hospital records in accordance with Medical Records section.

128.03 Where appropriate, medical records of emergency services shall be integrated with those of the inpatient and outpatient services.

128.04 An emergency service register shall be maintained and shall contain at least: date and time, patient identification, injury or disease, treatment, and the name of the doctor.

129 NURSING

129.01 The hospital shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and to be responsible to the hospital for the professional performance of its members. The nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall also 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 judgment and specialized skills of a registered nurse.

129.02 The director of nursing service shall be qualified by education, experience, and demonstrated ability to organize, coordinate, and evaluate the work of the service. He or she shall be qualified in the fields of nursing and administration consistent with the

complexity and scope of operation of the hospital, and shall be responsible to the administrator for developing and implementing policies and procedures of the service in the hospital.

129.03 Individual staffing patterns shall be developed for each nursing care unit, including the surgical and obstetrical suites, each special care unit, and outpatient services. The staffing patterns shall provide for sufficient nursing personnel and for adequate supervision and direction by registered nurses consistent with the size and complexity of the hospital.

129.04 There shall be an adequate number of registered nurses readily available to patients requiring their services. A registered nurse must plan, supervise and evaluate the nursing care of each patient.

129.05 Licensed practical nurses 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.

129.06 To develop better patterns of utilization of nursing personnel, periodic evaluation of the activities and effectiveness of the nursing staff should be conducted.

129.07 The nursing service shall have a current written organizational 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 hospital plan and its shall:

1. Be made available to all nursing personnel.
2. Be reviewed periodically and revised as necessary.
3. Reflect the staffing pattern for nursing personnel throughout the hospital.
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 delineate 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 hospital.

129.08 If the hospital provides clinical facilities for the education and training of nursing students, licensed practical nurses, nurses aides, or other categories of nursing personnel, there shall be a written agreement that defines the role and responsibility of both the nursing service and the education program.

129.09 In the planning, decision making, and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patients' environment, the recommendations of representatives of nursing service should be considered.

129.10 In hospitals where the size of the nursing staff permits, nursing committees should be formally organized to facilitate the establishment and attainment of goals and objectives of the nursing service.

129.11 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 and attainable goals.

129.12 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. They should take into account new equipment and current practice.

129.13 Policies shall be developed to address the following:

1. Noting diagnostic and therapeutic orders.
2. Assignment of nursing care to patients.
3. Administration of medications.
4. Charting by nursing personnel.
5. Infection control.
6. Patient and personnel safety.
7. Prevention of pressure sores.
8. Prevention of medication errors.
9. Reporting of adverse drug reactions.
10. Comprehensive assessment.
11. Pain Management.

129.14 All nursing personnel, including non-employee licensed nurses who are working in the hospital, must adhere to the hospital’s policies and procedures.

129.15 Policies and procedures shall be developed to include plans for orientation for all newly employed and non-employee nursing personnel. The policies and procedures shall specify specific subjects and topics to be covered in the orientation process. The facility shall maintain documented evidence of orientation of all nursing personnel.

129.16 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 hospital. The nursing procedure manual should be used to:

1. Provide a basis for training programs to enable new nursing personnel to acquire local knowledge and current skills.

2. Provide a ready reference on procedures for all nursing personnel.

3. Standardize procedures and equipment.

4. Provide a basis for evaluation and study to insure continued improvements in techniques.

129.17 The 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 hospital services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

129.18 There shall be evidence established that the nursing service provides safe, efficient and therapeutically effective nursing care through the planning of each patient's care and the effective implementation of the plans.

129.19 A brief and pertinent written nursing care plan should be developed for each patient. It should include:

1. Medication, treatment, and other items ordered by individuals granted clinical privileges and by authorized house staff members.

2. Nursing care needed.

3. Long-term goals and short-term goals.

4. Patient and family teaching and instructional programs.

5. The socio-psychological needs of the patient.

6. Preventative nursing care.

129.20 The nursing care plan should be initiated upon admission of the patient and, as a part of the long-term goal, should include discharge plans. Nursing records and reports that reflect the patient's progress and the nursing care planned should be maintained.

129.21 Meetings of the nursing staff shall be held at least monthly in order to discuss nursing service problems and policies. Minutes of these meetings shall be kept.

129.22 An in-service education program shall be provided for the improvement of nursing care and service through increased proficiency and knowledge of nursing personnel. The in-service program shall be planned, scheduled, documented, and held on a continuing basis.

129.23 All nursing personnel shall have training and a program of in-service and continuing education commensurate with the duties and responsibilities of the individual. All training shall be documented for each individual so employed.

The in-service should include but not limit topics to pressure sore prevention, prevention of medication errors, pain management, patient's rights and dignity.

129.24 In hospitals where cardiac monitors are used on the nursing unit, rather than in a separate and distinct "Special Care Unit" as described in Chapter 136 of these standards, special training, protocols, and staffing are required. Initial coronary care course that has been approved by the Mississippi State Board of Nursing that will include as a minimum the basic Cardiac Life Support Course is required for all Registered Nurses and Licensed Practical Nurses who have responsibilities for caring for cardiac monitored patients. A program of in-service and continuing education commensurate with the duties and responsibilities of the individual shall be established and documented for each individual so employed.

129.25 **Protocols**. Protocols shall be established and approved for response of trained, experienced Registered Professional Nurses to codes or cardiac emergencies that deal with lethal arrhythmias, hypotension, defibrillation, heart block and respiratory arrest by the nursing service and medical staff of each hospital.

129.26 **Staffing**. Nurse staffing will be evaluated on an individual basis for compliance. Factors to be considered are number of patients on monitors, layout of facility and proximity of emergency room to nursing unit, volume of services in the OB and Nursery and the emergency room, the number of patients on the medical/surgical floor and other responsibilities that the RN may have other than the ones described above. A sufficient number of RNs shall be available to meet the needs of the patients served.

In the event that a hospital has patients on cardiac monitors in use in one area of the hospital and an emergency room in another area, the facility must have more than one RN in house to care for the patient.

130 OBSTETRICS AND NEWBORN NURSERY

131 ORGANIZATION

131.01 Obstetrics and newborn nursery services shall be under the direction of a member of the staff of physicians who has been duly appointed for this service and who has experience in maternity and newborn care.

131.02 There shall be a qualified professional registered nurse responsible at all times for the nursing care of maternity patients and newborn infants.

131.03 Provisions shall be made for pre-employment and annual health examinations for all personnel on this service.

131.04 Physical facilities for perinatal care in hospitals shall be conducive to care that meets the normal physiologic and psychosocial needs of mothers, neonates and their families. The facilities provide for deviations from the norm consistent with professionally recognized standards/guidelines.

131.05 The obstetrical service should have facilities for the following components:

1. Antepartum care and testing.
2. Fetal diagnostic services.
3. Admission/observation/waiting.
4. Labor.
5. Delivery/cesarean birth.
6. Newborn nursery.
7. Newborn Intensive Care (Levels II and III only).
8. Recovery and postpartum care.
9. Visitation.

131.06 Any facility providing obstetric care shall have at least the following services available:

1. Identification of high-risk mothers and fetuses.
2. Equipment for continuous fetal heart rate monitoring or capability of following auscultation guidelines.
3. Capabilities to begin a cesarean delivery within 30 minutes of a decision to do so.
4. Blood and fresh-frozen plasma for transfusion.
5. Anesthesia on a 24-hour basis.
6. Radiology and ultrasound examination.
7. Neonatal resuscitation, including equipment and trained personnel.

8. Laboratory testing on a 24-hour basis.

9. Consultation and transfer agreement.

10. Nursery.

11. Data collection and retrieval.

12. Patient education.

131.07 **Staffing**. The facility is staffed to meet its patient care commitments consistent with professionally recognized guidelines. There must be a registered nurse immediately available for direct patient care.

131.08 **Level I**.

1. Surveillance and care of all patients admitted to the obstetric service, with an established triage system for identifying high-risk mothers who should be transferred to a facility that provides level II and III care prior to delivery.

2. Proper detection and supportive care of unanticipated maternal-fetal problems that occur during labor and delivery.

3. Performance of cesarean delivery.

4. Care of postpartum conditions.

5. Personnel trained in neonatal resuscitation in the hospital at all times.

6. Stabilization of unexpectedly small or sick neonates before transfer to a facility that provides level II or III care.

7. Evaluation of the condition of healthy neonates and continuing care of these neonates until their discharge.

8. Patient education.

131.09 **Level II**.

1. Performance of level I services.

2. Management of high-risk mothers and neonates admitted and evaluated for continued management and/or appropriate transfer.

131.10 **Level III**.

1. Provision of full range of perinatal care services for all mothers and neonates.

2. Research support.

3. Completion, analysis, and evaluation of regional data.

131.11 **Antepartum Care**. There should be policies for the care of pregnant patients with obstetric, medical, or surgical complications and for maternal transfer.

131.12 **Intra-partum Services**: Labor and Delivery. Intra-partum care should be both personalized and comprehensive with continuous surveillance of the mother and fetus. There should be written policies and procedures in regard to:

131.13 Assessment.

131.14 Admission.

131.15 Medical records (including complete prenatal history and physical).

131.16 Consent forms.

131.17 Management of labor including assessment of fetal well-being.

1. Term patients.

2. Preterm patients.

3. Premature rupture of membranes.

4. Preeclampsia/eclampsia.

5. Third trimester hemorrhage.

6. Pregnancy Induced Hypertension (PIH).

131.18 Patients receiving oxytoxics or tocolytics.

131.19 Patients with stillbirths and miscarriages.

131.20 Pain control during Labor and Delivery.

131.21 Management of Delivery.

131.22 Emergency cesarean delivery (capability within 30 minutes).

131.23 Assessment of fetal maturity prior to repeat cesarean delivery or induction of labor.

131.24 Vaginal birth after cesarean delivery.

131.25 Assessment and care of neonate in the delivery room.

131.26 Infection control in the Obstetric and newborn areas.

131.27 A delivery room record shall be kept that will indicate:

1. The name of the patient.
2. Date of delivery.
3. Sex of Infant.
4. Apgar.
5. Weight.
6. Name of physician.
7. Name of persons assisting.
8. What complications, if any, occurred.
9. Type of anesthesia used.
10. Name of person administering anesthesia.

131.28 Maternal transfer.

131.29 Immediate postpartum/recovery care.

131.30 Housekeeping.

131.31 **New Born Care**. There shall be policies and procedures for providing care of the neonate including:

1. Immediate stabilization period.
2. Neonate identification and security.
3. Assessment of neonatal risks.
4. Cord blood, Combs and serology testing.
5. Eye care.
6. Subsequent care.
7. Administration of Vitamin K.
8. Neonatal screening.
9. Circumcision.

10. Parent education.

11. Visitation.

12. Admission of neonates born outside of facility.

13. Housekeeping.

14. Care of or stabilization and transfer of high-risk neonates.

15. Postpartum. There shall be policies and procedures for postpartum care of mother.

16. Assessment.

17. Subsequent care (bed rest, ambulation, diet, care of the vulva, care of the bowel and bladder functions, bathing, care of the breasts, temperature elevation).

18. Postpartum sterilization.

19. Immunization. RHIG and Rubella.

20. Discharge planning.

132 OUTPATIENT

132.01 Hospitals rendering outpatient services shall have effective policies and procedures relating to the staff, functions of the service, and outpatient medical records and adequate facilities in order to assure the health and safety of the patients.

133 ORGANIZATION

133.01 The outpatient department shall be organized into sections according to medical specialties (clinics), the number of which depends on the size and the degree of departmentalization of the medical staff, available facilities, and the needs of the patients for whom it accepts responsibility.

133.02 The outpatient department shall have appropriate cooperative arrangements and communications with the community agencies such as other outpatient departments, public health nursing agencies, the department of health, and welfare agencies.

133.03 Clinics shall be integrated with corresponding inpatient services.

133.04 Clinics shall be maintained for the following purposes:

1. Care of ambulatory patient unrelated to inpatient admission or discharge.
2. Study of preadmission patients.
3. Follow-up of discharge hospital patients.

133.05 Patients, on their initial visit to the department, shall receive a general medical evaluation and patients under continuous care shall receive an adequate periodic re-evaluation.

133.06 Established medical screening procedures shall be employed routinely.

134 PERSONNEL

134.01 There shall be such professional and non-professional personnel as are required for efficient operation.

134.02 The outpatient service shall be supervised by a qualified member of the medical staff. Either this physician or a qualified administrator shall be responsible for administrative services.

134.03 A registered professional nurse shall be responsible for the nursing services of the department.

134.04 The number and type of other personnel employed shall reflect the volume and type of work carried out and the type of patient served in the outpatient department.

135 FACILITIES

135.01 Facilities shall be provided to assure the efficient operation of the department.

135.02 The number of examination and treatment rooms shall be adequate in relation to the volume and nature of work performed.

135.03 Suitable facilities for necessary diagnostic tests shall be available either through the hospital or some other facility approved to provide these services.

135.04 Medical Records. Shall be maintained and correlated with other hospital records in accordance with Section 147, Medical Records.

135.05 Liaison Conferences. Conference, both departmental and inter-departmental, shall be conducted to maintain close liaison between the various sections within the department and with other hospital services, and minutes shall be kept.

136 SPECIAL CARE UNIT

136.01 Special care units, if provided, shall be properly organized, directed and integrated with other departments or services of the hospital.

136.02 The hospital organizational plan shall provide for the identification of each special care unit and delineate appropriate relationships with other clinical areas of the hospital. Each such unit shall be under the direction of a qualified physician who has a special interest in, and preferable additional experience in providing, this type of care. This physician shall also be one who is readily available - The director of the special care unit should be responsible for the implementation of established policy, which should include at least:

1. Rules for proper utilization of the services.

2. Provision for participation in appropriate training programs for the safe and effective use of diagnostic and therapeutic equipment for cardiopulmonary resuscitation and for other aspects of intensive care.

3. Plans for supervision of the collection and analysis of clinical data needed for the retrospective evaluation of the care provided in the unit.

136.03 The activities within a multipurpose special care unit should be guided by a multi disciplinary committee, with one member serving as director of the unit.

136.04 Special care unit personnel shall be prepared for their responsibilities through appropriate training and educational programs.

136.05 All nursing personnel assigned to a special care unit must have completed an educational course specifically oriented to their level of participation in the care of seriously ill patients.

136.06 A continuing education program developed specifically for the personnel in the unit must be provided in order to enable them to maintain and improve their skills, as well as to learn new techniques.

136.07 Registered nurses and health care personnel may serve as assistant or backup personnel under the direct supervision of a qualified special care unit nurse. All nurses with patient care responsibility in the unit must have the ability to recognize clinical signs and symptoms that require notification of a physician.

136.08 Whatever the design or purpose of the unit, enough space shall be provided around each bed to make it easily accessible for routine and emergency care of the patients and also to accommodate bulky equipment that may be needed.

136.09 Oxygen and suction and properly grounded electrical outlets shall be readily available to every patient. 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, where feasible a removable headboard.

136.10 Direct visual observation of all patients should be possible from a central vantage point, yet patients should have a reasonable amount of privacy. They should be sheltered as much as possible from the activity and noise of the unit by partitions, drapes and acoustic ceilings, but caution should be exercised in the use of carpeting and under carpet padding both as to fire resistance and potential production of toxic fumes in case of fire.

136.11 There shall be an alarm system for special care unit personnel to summon additional personnel in an emergency. The alarm should be connected to any area where unit personnel might be, such as physician's sleeping rooms, consultation rooms, nurse’s lounges, and nurses' stations.

136.12 The kind and quality of equipment in the special care unit 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 should be easily available within the unit, 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.

136.13 When any electronic devices are used on patients, especially patients who have intravenous catheters or wires leading to the heart, special safety precautions related to proper grounding, current leakage and device-safety must be observed. Electrically operated beds are a potential electrical hazard where the patient is physically connected to any other electrical device.

136.14 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 should be provided on a regular basis to the unit director.

136.15 There shall be specific written policies and procedures for each special care unit, which supplement the basic hospital policies and procedures.

136.16 Because of the intensity of care given within the unit, and of the critical nature of the illnesses of patients cared for in it, written policies and procedures additional to basic hospital policies should be developed to guide personnel in the management of the unique situations within the unit. These polices and procedures should be developed and approved by the medical staff, in cooperation with the nursing staff and with other hospital departments and services and the hospital administration as necessary. They should be periodically reviewed and revised as indicated.

137 SURGERY AND ANESTHESIA

137.01 **General**. Surgical services are optional, but if this service is provided, there shall be effective policies and procedures regarding surgical privileges, maintenance of the operating rooms, and evaluation of the surgical patient.

138 SURGERY

138.01 Surgical privileges shall be delineated for all physicians doing surgery in accordance with the competencies of each physician. A roster of surgeons specifying the surgical privileges of each shall be kept in the confidential files of the operation room supervisor and in the files of the administrator.

138.02 In any procedure with unusual hazard to life, there shall be present and scrubbed as first assistant a physician designated by the credentials committee as being qualified to assist in major surgery.

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

138.04 There shall be a complete history and physical work-up in the chart of every patient prior to surgery (whether the surgery is major or minor).

138.05 A properly executed consent form for operation shall be in the patient's chart prior to surgery.

138.06 There shall be adequate provision for immediate post-operative care.

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

138.08 All infections of clean surgical cases shall be recorded and reported to the administration. A procedure shall exist for the investigation of such cases.

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

138.10 The following equipment shall be available to the operating suites: Call-in system, resuscitator, defibrillator, aspirator, thoracotomy set, and tracheotomy set.

138.11 The operating room suite and accessory services shall be so located that traffic in and out can be controlled and there is no through traffic.

138.12 Precautions shall be taken to eliminate hazards of explosions, including use of shoes with conductive soles and prohibition of nylon garments.

138.13 Rules and regulations or policies related to the operating room shall be available and posted.

139 ANESTHESIA

139.01 The Department of Anesthesia shall have effective policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety controls.

139.02 The Department of Anesthesia shall be responsible for all anesthetics administered in the hospital.

139.03 In hospitals where there is no Department of Anesthesia, the Department of Surgery shall assume the responsibility for establishing general policies for the administration of anesthetics.

139.04 Safety precautions shall be accordance with NFPA Bulletin 56A.

PART V GENERAL SERVICES

140 DIETARY ORGANIZATION

140.01 The hospital shall have an organized dietary department directed by qualified personnel. However, a hospital which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the service, on a full-time, part-time, or consultant basis to the hospital.

140.02 There shall be written policies and procedures for food storage, preparation, and service developed by a qualified dietitian (preferably meeting the American Dietetic Association's standards for qualification).

140.03 The number of personnel, such as cooks, bakers, dishwashers and clerks shall be adequate to perform effectively all defined functions.

140.04 Written job descriptions of all dietary employees shall be available.

140.05 There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

140.06 There shall be an in-service training program for dietary employees which includes the proper handling of food and personal grooming.

141 FACILITIES

141.01 Written reports of inspections by the Department of Health of action taken to comply with recommendations are to be kept on file at the hospital with notation made by the hospital.

141.02 Dry or staple food items shall be stored at least 12 inches off the floor in a ventilated room which is not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodents or vermin.

141.03 All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

141.04 Foods being displayed or transported shall be protected from contamination.

141.05 Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

141.06 All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak proof non-absorbent containers with close fitting covers and be disposed or routinely in a manner that will not permit transmission of disease, a nuisance, or a

breeding place for flies. All garbage containers are to be thoroughly cleaned inside and outside each time emptied. No garbage or kitchen refuse may be used as feed for swine.

141.07 Diets. There shall be a systematic record of diets, correlated when appropriate, with the medical records. The dietitian shall have available an up-to-date manual or regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets served to patients shall be in compliance with these established diet principles.

142 ENVIRONMENT & SAFETY

FIRE CONTROL AND INTERNAL DISASTER

142.01 The hospital shall provide fire protection by the elimination of fire hazards the installation of necessary safeguards such as extinguishers, sprinkling devices, fire barriers to insure rapid and effective fire control and the adoption of written fire control and evacuation plans rehearsed at least three times a year by key personnel.

142.02 Written fire control plans shall contain provisions for prompt reporting of all fires extinguishing fires; protection of patients, personnel and guests evacuation; training of personnel in use of first aid fire fighting equipment; and cooperation with fire fighting authorities.

142.03 There shall be rigidly enforced written rules and regulations governing proper routine methods of handling and storing of flammable and explosive agents, particularly in operating rooms and laboratories, and governing the provision of oxygen therapy.

142.04 The hospital shall have:

1. Written evidence of regular inspection and approval by state or local fire control agencies.

2. Stairwells kept closed by fire doors or equipped with unimpaired automatic closing devices.

3. Fire extinguishers refilled when necessary and kept in condition for instant use. There shall be an annual inspection of each fire extinguisher which shall include a tag showing the month and year of the inspection and the initials of the inspector.

4. Conductive floors with the required equipment and ungrounded electrical circuits in areas subject to explosion hazards.

5. Proper routine storage and prompt disposal of trash.

6. "No Smoking" signs prominently displayed where appropriate, with rules governing the ban on smoking in designated areas of the hospital enforced and obeyed by all personnel.

7. Fire regulations easily available to all personnel and all fire codes rigidly observed and carried out.

8. Corridors and exits clear of all obstructions except for permanently mounted handrails.

9. Holiday decorations consisting of natural foliage or plant material are not permitted.

143 EMERGENCY OPERATIONS PLAN (EOP)

143.01 The licensed entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

- Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.
- Resources and Assets
- Safety and Security
- Staffing
- Utilities
- Clinical Activities.

Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Health Planning and Response. Written evidence of current approval or review of provider EOPs, by the Office of Emergency Preparedness and Response, shall accompany all applications for facility license renewals.

143.02 FACILITY FIRE PREPAREDNESS

Fire Drills. Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four (4) times per year.

Written Records. Written records of all drills shall be maintained, indicating content of and attendance at each drill.

A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

144 SANITARY ENVIRONMENT

144.01 The hospital shall provide a sanitary environment to avoid sources and transmission of infections.

144.02 An infection committee, composed of members of the medical and nursing staffs and administration, shall be established and shall be responsible for investigating, controlling and preventing infections in the hospital.

144.03 There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the hospital.

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

144.05 There shall be a method of control used in relation to the sterilization and water and a written policy requiring sterile supplies to be re-processed at specified time periods.

144.06 Continuing education shall be provided to all hospital personnel on the cause, effect, transmission, prevention, and elimination of infections.

144.07 A continuing process shall be enforced for inspection and reporting of any hospital employee with an infection who may be in contact with patients, their food or laundry.

144.08 **Regulated Medical Waste**. "Infectious medical wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi Department of Health;

2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

3. Blood and blood products such as serum, plasma, and other blood components;

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

6. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

7. Other wastes determined infectious by the generator or so classified by the Department of Health.

144.09 **"Medical Waste"** means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

144.10 **Medical Waste Management Plan**. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste

a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide breeding place or a food source for insects and rodents, and minimizes exposure to the public.

b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 6 C (38F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 C (32F) for a period of not more than 90 days without specific approval of the Department of Health.

d. Containment of infectious medical waste shall be separated from other wastes. Enclosures or container used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior or entry doors, gates, or lids. Each container shall be prominently labeled with a sign using

language to be determined by the Department and legible during daylight hours.

e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags, (1.5 mills thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wastes during storage, handling, or transport.

f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

g. All bags used for containment and disposal of infectious medical waste shall be of distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

i. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontainmented each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in i, e.

Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

i. Exposure to hot water at least 180 F for a minimum of 15 seconds.

ii. Exposure to a chemical sanitizer by rinsing with or immersion in one or the following for a minimum of 3 minutes:

i. Hypochlorite solution (500 ppm available chlorine).

ii. Phenolic solution (500 ppm active agent).

iii. Iodoform solution (100 ppm available iodine).

iv. Quaternary ammonium solution (400 ppm active agent).

Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (J) of this section.

k. Trash chutes shall not be used to transfer infectious medical waste.

l. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be land filled in an approved landfill.

2. **Treatment or disposal of infectious medical waste shall be by one of the following methods**:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sterilization by hearing in a steam sterilizer, so as to render the waste non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following:

i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.

ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.

iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating

conditions at least monthly to confirm the attainment of adequate sterilization conditions.

v. Maintenance of records of procedures specified in (1), (2), (3), and (4) above for period of not less than a year.

c. By discharge of the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Department of Health.

d. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi Department of Health.

e. Chemical sterilization shall use only those chemical sterilants recognized by the U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus Subtills or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

3. **Treatment and disposal of medical waste which is not infectious shall be by one of the following methods**:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.

All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

145 HOUSEKEEPING

145.01 The housekeeping functions of the hospital shall be under the direction of a certified executive housekeeper, or other person knowledgeable about and capable of maintaining the aseptic conditions required in the various departments of the hospital.

145.02 There shall be adequate space provided for the storage of housekeeping equipment and supplies and for the housekeeper to maintain adequate records of the housekeeping operations.

145.03 Separate janitor's closets and separate cleaning equipment and supplies shall be maintained for the following areas and shall not be used for cleaning in any other location:

1. Surgical Suites.
2. Delivery Suites.
3. Newborn Nursery.
4. Dietary Department.
5. Emergency Service Area.
6. Patient Areas.

145.04 Additional janitor's closets, equipment and supplies should be provided for laboratories, radiology, offices, locker rooms and other areas of the hospital. Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other area of the hospital before it has been properly cleaned and sterilized.

145.05 All areas of the hospital, including the building and grounds, shall be kept clean and orderly.

145.06 There shall be frequent cleaning of floors, walls, woodwork and windows.

145.07 The premises must be kept free of rodent and insect infestations.

145.08 Accumulated waste material and rubbish must be removed at frequent intervals.

145.09 No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other area of the hospital except in a properly fire rated and properly ventilated storage area specifically designed for such storage.

146 LAUNDRY & LINEN

146.01 Laundry and linen service shall be under the direction of a person knowledgeable about the capable of maintaining the sanitary requirements of the hospital in the care of both clean and soiled linens. This person shall report directly to the administrator of the hospital.

146.02 If the hospital maintains its own laundry, it shall have separate areas for:

1. Collection of soiled linens.
2. Washing, drying and ironing.
3. Clean linen storage.

146.03 The laundry design and operation shall comply with all appropriate codes and regulations to assure that it will not be a health or safety hazard to hospital patients and personnel.

146.04 If the hospital uses a laundry not controlled by the hospital, that laundry must maintain the sanitary requirements of hospitals regarding the processing of its linens, and must maintain a satisfactory schedule of pick up and delivery. Sanitary practices shall be checked by periodic laboratory tests.

146.05 Hospitals shall maintain an adequate supply of clean linens at all times.

146.06 Adequate clean linen storage shall be readily accessible to nurses' stations.

146.07 Dirty linen storage shall be well ventilated and shall be located convenient to the laundry or service entrance of the hospital. The storage of appreciable quantities of soiled linens is discouraged.

147 MEDICAL RECORDS - ORGANIZATION

147.01 The hospital shall have a medical record department with administrative responsibility for medical records. A medical record shall be maintained, in accordance with accepted professional principles, for each patient receiving care in the hospital.

147.02 Such records shall be kept confidential and only authorized personnel shall have access to the records.

147.03 Written consent of the patient or the patient’s legal representative shall be presented as authority for release of medical information and this release shall become part of the medical record.

147.04 Medical records shall not be removed from the hospital environment except upon subpoena.

147.05 Preservation. Records shall be preserved, either in the original or by reproduction, for a period of time not less than that set forth in Title 41, Chapter 9 of the Mississippi Code of 1972.

148 PERSONNEL

148.01 Qualified personnel adequate to supervise and conduct the department shall be provided.

148.02 Preferably a Registered Health Information Administrator or Registered Health Information Technician shall head the department. If such a professionally qualified person is not in charge of medical records, one shall be employed either on a part-time or consultative basis to organize the department, train the regular personnel, and make periodic visits to the hospital to evaluate the records and the operation of the department.

149 IDENTIFICATION AND FILING

149.01 A system of identification and filing to insure the prompt location of a patient's medical record shall be maintained.

149.02 A master patient index shall be maintained and shall bear at least the full name of the patient, the address, the birth date, and the medical record number.

149.03 Filing equipment and space shall be adequate to house the records and facilitate retrieval.

149.04 A unit record should be maintained so that both inpatient and outpatient treatment are in one folder.

150 CENTRALIZATION OF REPORTS

150.01 All clinical information pertaining to a patient's stay shall be centralized in the patient's record.

150.02 The original of all reports originating in the hospital shall be filed in the medical records.

150.03 All reports or records shall be completed and filed within a period consistent with good medical practice and not longer than 30 days following discharge.

151 INDEXES

151.01 **Records** shall be indexed according to disease, operation, and physician and shall be kept up to date. For indexing, any recognized system may be used.

151.02 **Diagnoses and Operations**. shall be expressed in terminology which describes the morbid condition both as to site and ethological factors or the method or procedure.

151.03 **Indexing** shall be current within six months following discharge of the patient.

151.04 **Content**. The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The medical record shall contain the following information: Identification date, chief complaint, present illness, physician's orders, past history, family history, physical examination, provisional diagnosis, clinical laboratory reports, x-ray reports, consultations, treatment medical and surgical, tissue report, progress notes, final diagnosis, discharge summary, autopsy findings.

151.05 **Authorship**. Only practitioners authorized by the governing body to perform medical histories and physical examinations shall be permitted to write or dictate medical histories and physical examinations.

152 ENTRIES

152.01 All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) responsible for-ordering, providing, or evaluating the service furnished. All orders/entries must be dated, timed, and authenticated promptly by the prescribing physician or another physician responsible for the care of the patient, even if the order did not originate with him or her.

Authentication may include signatures, written initials, or computer entry.

152.02 Entries in the medical records may be made only by individuals as specified in hospital and medical staff policies. All entries in the medical record must be dated and authenticated, and a method established to identify the authors of entries. Such identification may include written signatures initials or computer key. When rubber stamp signatures are authorized, the individual whose signature the stamp represents shall place in the administrative offices of the hospital, a signed statement to the effect that he/she is the only one who has the stamp and uses it. There shall be no delegation to another individual. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards. There shall be sanctions established for improper or unauthorized use of stamp and computer key signatures.

152.03 A single signature on the face sheet of the record shall not suffice to authenticate the entire record.

152.04 In hospitals with house staff, the attending physician shall countersign at least the history and physical examination and summary written by the house staff.

153 PROMPTNESS OF RECORD COMPLETION

153.01 Current records shall be completed within 24 - to 48 hours following admission. Verbal orders shall be authenticated within 24 to 48 hours.

153.02 Records of patients discharged shall be completed within 30 days following discharge. The staff regulations of the hospital shall provide for the suspension or termination of staff membership and/or clinical privileges of practitioners who are persistently delinquent in completing records.

153.03 If a patient is readmitted within a month for the same condition, reference to the previous history with an interval note and physical examination shall suffice.

153.04 **Medical Library**. The medical library shall have modern textbooks and current periodicals relative to the clinical services offered.

PART VI ANCILLARY SERVICES

154 DENTAL, REHABILITATION, PHYSICAL THERAPY

OCCUPATIONAL THERAPY & SPEECH PATHOLOGY

154.01 **General**. Dental and rehabilitation departments are optional, but if these optional services are present, there shall be effective policies and procedures relating to the staff and the functions of the services in order to assure the health and safety of the patients.

155 DEPARTMENT OF DENTISTRY AND DENTAL STAFF

155.01 According to the procedure established for the appointment of the medical staff, one or more dentists may be appointed to the dental staff. If the dental service is organized, its organization shall be comparable to that of other services or departments. Whether or not the dental service is organized as a department, the following requirements shall be met:

1. Members of the dental staff shall be qualified legally, professionally, and ethically for the positions to which they are appointed.

2. Patients admitted for dental services shall be admitted by the dentist either to the department of dentistry, or, if there is no department, to an organized clinical service.

3. There shall be a physician in attendance who is responsible for the medical care of the patient throughout the hospital stay. A medical survey shall be done and recorded by a member of the medical staff before dental surgery is performed. A medical survey may be done by an oral surgeon as outlined in Section 106.03 (3).

4. There shall be specific bylaws concerning the dental staff written as combined medical - dental staff bylaws or separate or adjunct dental bylaws.

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

6. Complete records, both medical and dental, shall be required on each dental patient and shall be a part of the hospital records.

156 REHABILITATION, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH PATHOLOGY DEPARTMENTS

156.01 These services may be provided. If provided, they shall have effective policies and procedures relating to the organization and functions of the services and be staffed by qualified therapists.

156.02 The department head shall have the necessary knowledge, experience and capabilities to properly supervise and administer the department. A rehabilitation department head shall be a psychiatrist or other physician with pertinent experience. If separate therapy departments are maintained, the department head shall be a qualified therapist (as is appropriate) or a physician with pertinent experience.

156.03 If physical therapy services are offered, the services shall be given by or under the supervision of a qualified physical therapist. A qualified physical therapist shall be a graduate of a program in physical therapy approved by the Council on Medical Education of the American Medical Association (in collaboration with the American Physical Therapy Association) or its equivalent and hold a current Mississippi license. Additional properly trained and supervised personnel shall be sufficient to meet the needs of the department.

156.04 If occupational therapy services are offered, the services shall be given by or under the supervision of a professional licensed occupational therapist and hold a current Mississippi license. Other properly trained and supervised personnel, such as licensed occupational therapy assistants and aides, shall be sufficient to meet the needs of the department.

156.05 If speech pathology services are offered, the service shall be given by a qualified speech pathologist and hold a current Mississippi license.

156.06 Facilities and equipment for physical and occupational therapy shall be adequate to meet the needs of the services and shall be in good condition.

156.07 Physical therapy, occupational therapy, and speech pathology shall be given in accordance with a physician's orders.

156.08 Complete records shall be maintained for each patient receiving therapy services and are to include evaluations and clinical notes.

157 LABORATORY - ORGANIZATION

157.01 The hospital shall have a well organized, adequately supervised and staffed clinical laboratory with the necessary space, facilities and equipment to perform those services commensurate with the hospital's needs for its patients. Anatomical pathology services and transfusion services shall be available either in the hospital or by arrangement with other facilities.

157.02 All equipment shall be in good working order, routinely quality controlled, and precise in terms of calibration. The laboratory shall be in compliance with all applicable federal requirements for clinical laboratories. (Clinical Laboratory Improvement Amendments of 1988 at 42 CFR Part 493)

158 CLINICAL LABORATORY EXAMINATIONS

158.01 Provision shall be made to carry out adequate clinical laboratory examinations including chemistry, microbiology, hematology, coagulation, general immunology, and clinical microscopy either in the hospital or an approved outside laboratory.

158.02 In the case of work performed by an outside laboratory, the original report from such laboratory shall be contained in the medical record. For results received directly from the testing laboratory's computer, there may not be a paper copy, which is acceptable.

159 AVAILABILITY OF FACILITIES AND SERVICES

159.01 Adequate provision shall be made for assuring the availability of emergency laboratory services, either in the hospital or under arrangements with an approved outside laboratory. Such services shall be available 24 hours a day, seven days a week, including holidays.

159.02 Where services are provided by an outside laboratory, the conditions, procedures, and availability of services offered shall be in writing and available in the hospital.

160 PERSONNEL

160.01 Services shall be under the technical supervision of a physician with training and experience in clinical laboratory services.

160.02 All personnel in the laboratory must meet the qualification and training requirements specified in the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA).

161 LABORATORY REPORT

161.01 Reports shall be filed with the patient's medical record and duplicate copies kept in the department. For data filed electronically, it is not necessary to retain paper copies in the laboratory. The laboratory must be able to identify the analyst and date completed for all procedures and tests.

161.02 The laboratory director shall be responsible for the laboratory report.

161.03 There shall be a procedure for assuring that all tests are ordered by a physician.

162 PATHOLOGIST SERVICES

162.01 Services shall be under the direct supervision of a pathologist on a full-time, regular part-time, or regular consultative basis. If the latter pertains, the hospital shall provide for, as a minimum, quarterly consultative visits by a pathologist.

162.02 The pathologist should participate in staff, departmental and clinical-pathologic conferences.

162.03 The pathologist shall be responsible for assuring the qualifications of his staff meet CLIA'88 requirements. The pathologist must provide for in-service and continuing education for the staff.

163 TISSUE EXAMINATIONS

163.01 All tissues removed during surgery, shall be examined. The extent of examination shall be determined by the pathology department.

163.02 All tissues removed from patients during surgery shall be macroscopically, and if necessary, microscopically examined by the pathologist.

163.03 A list of tissues which routinely require microscopic examination shall be developed in writing by the pathologist or designated physician with the approval of the medical staff.

163.04 A tissue file shall be maintained in the hospital.

163.05 In the absence of a pathologist or suitable physician substituted, there shall be an established plan for sending to a pathologist outside the hospital all tissues requiring examination.

164 REPORTS OF TISSUE EXAMINATION

164.01 Signed reports of tissue examinations shall be filed within the patient's medical record and duplicate copies kept in the department.

164.02 All reports of macro and microscopic examinations performed shall be signed by the pathologist or designated physician.

164.03 Provision shall be made for the prompt filing of examination results in the patient's medical record and notification of the physician requesting the examination.

164.04 Duplicate copies of the examination reports shall be filed in the laboratory in a manner which permits ready identification and accessibility.

165 BLOOD AND BLOOD PRODUCTS

165.01 Facilities for procurement, safekeeping and transfusion of blood products shall be provided or readily available consistent with the size and scope of operation of the hospital.

165.02 The hospital shall maintain, as a minimum, proper blood storage facilities under adequate control and supervision of the pathologist or other authorized physician.

165.03 For emergency situations the hospital shall maintain at least a minimum blood supply in the hospital at all times or be able to obtain blood quickly from community blood banks or institutions.

165.04 Where the hospital depends on outside blood banks, there shall be an agreement governing the procurement, transfer and availability of blood which is reviewed and approved by the medical staff, administration, and governing body.

165.05 There shall be provision for prompt blood typing and compatibility testing, and for laboratory investigation of transfusion reactions, either through the hospital or by arrangement with others on a continuous basis, under the supervision of a physician.

165.06 Blood storage facilities in the hospital shall have an adequate temperature alarm system that is regularly inspected. The alarm system must be audible and monitor proper blood storage temperature over a 24 hour period. If blood is stored or maintained for transfusion outside of a monitored refrigerator, the laboratory must ensure and document that the storage conditions (including temperature) are appropriate to prevent deterioration of the blood or blood product.

165.07 Records shall be kept on file indicating the receipt and disposition of all blood products that are received into the hospital.

165.08 Samples of each unit of blood transfused at the hospital shall be retained according to the instructions of the committee indicated in Section 1910.9 for further retesting in the event of reactions.

165.09 A committee of the medical staff or its equivalent shall review all transfusions of blood or blood products and make recommendations concerning policies governing such practices.

165.10 The review committee shall investigate all transfusion reactions occurring in the hospital and make recommendations to the medical staff regarding improvements in transfusion procedures.

166 PHARMACY OR DRUG ROOM

ORGANIZATION

166.01 The hospital shall have a pharmacy directed by a registered pharmacist, or a drug room under competent supervision. The pharmacy or drug room shall be administered in accordance with accepted professional principles.

166.02 Provision shall be made for emergency pharmaceutical services.

166.03 If the hospital does not have a staff pharmacist, a consulting pharmacist shall have overall responsibility for control and distribution of drugs and a designated individual or individuals shall have responsibility for day-to-day operation of the pharmacy.

167 RECORDS

167.01 Records shall be kept of the transactions of the pharmacy (or drug room) and correlated with other hospital records where indicated. Such special records shall be kept as required by law.

167.02 The pharmacy shall establish and maintain a satisfactory system of records and accountability in accordance with the policies of the hospital for maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies.

167.03 A record of the stock on hand and of the dispensing of all narcotic drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.

167.04 Records for prescription drugs dispensed to each patient (inpatients and outpatients) shall be maintained which contain the full name of the patient and the prescribing physician, the prescription number, the name and strength of the drug, the date of issue, the expiration date for all time-dated medications, the lot and control number of the drug, and the name of the manufacturer (or trademark) dispensed.

167.05 The label of each individual prescription medication container shall bear the lot and control number of the drug, the name of the manufacturer (or trademark) and, unless the physician directs otherwise, the name of the medication dispensed.

168 CONTROL OF TOXIC OR DANGEROUS DRUGS

168.01 Policies shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage.

168.02 The medical staff shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, will be automatically stopped after a reasonable time limit set by the staff.

168.03 The classification ordinarily thought of as toxic, dangerous or abuse drugs shall be narcotics sedatives, anticoagulants, antibiotics, oxytocic and cortisone products, antineoplastic agents and shall include other categories so established by federal, state or local laws.

168.04 **Drugs to be Dispensed**. Therapeutic ingredients of medications dispensed shall be those included (or approved for inclusion) in the United States Pharmacopoeia, National Formulary, United State Homeopathic Pharmacopoeia, New Drugs, or Accepted Dental Premedies (except for any drugs unfavorably evaluated therein), or those approved for use by the pharmacy and drug therapeutics committee. There shall be available a formulary or list of drugs accepted for use in the hospital which is developed and amended at regular intervals by the pharmacy and therapeutics committee (or equivalent committee) with the cooperation of the pharmacist (consulting or otherwise) and the administration.

169 REGULATION CONTROLLED SUBSTANCES IN ANESTHETIZING AREAS

169.01 **Dispensing Controlled Substances**. All controlled substances shall be dispensed to the responsible person (Supervisor, CRNA, Anesthesiologist, etc.) designated to handle controlled substances in the operating room by a Registered Pharmacist in the hospital. 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.

169.02 **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.

169.03 **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-evening verification of count of balances of controlled substances remaining and controlling substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.

169.04 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 person witnessing this 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 hospital must be documented by a registered pharmacist responsible for controlled substance handing in the hospital.

169.05 **Verification of Controlled Substances Administration**. The hospital shall implement procedures whereby, on a periodic basis, a registered pharmacist shall reconcile quantities of controlled substances dispensed in the hospital 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 hospital.

Upon completion, all controlled substance records shall be returned from the anesthetizing area to the hospital's pharmacy by the designated responsible person in the anesthetizing area.

170 RADIOLOGY

170.01 **Radiological Services**. The hospital shall maintain or have available radiological services according to needs of the hospital, either in the hospital building proper or in an adjacent clinic or medical facility that is readily accessible to the hospital patients, physicians, and personnel. If therapeutic x-ray services are also provided, they, as well as the diagnostic services, shall meet professionally approved standards for safety and personnel qualifications.

171 HAZARDS TO PATIENTS AND PERSONNEL

171.01 The radiology department shall be free of hazards to patients and personnel.

171.02 Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.

171.03 Periodic inspection shall be made by Department of Health or a radiation physicist, and hazards so identified shall be promptly corrected.

171.04 Radiation workers shall be checked periodically for amount of radiation exposure by the use of exposure meters or badge tests.

171.05 With fluoroscopes, attention shall be paid to modern safety design and operating procedures; records shall be maintained of the output of all fluoroscopes.

171.06 Regulations based on medical staff recommendations shall be established as to the administration of the application and removal of radium element, its disintegration products, and other radioactive isotopes.

172 PERSONNEL

172.01 Personnel adequate to supervise and conduct the services shall be provided, and the interpretation of radiological examinations shall be made by physicians competent in the field.

172.02 The hospital shall have a qualified radiologist, either full-time or part-time, on a consulting basis, both to give direction to the department and to interpret films that require specialized knowledge for accurate reading. If the hospital is small and a radiologist cannot come to the hospital regularly, selected x-ray films shall be sent to a radiologist for interpretation.

172.03 If the activities of the radiology department extend to radio-therapy, the physician in charge shall be appropriately qualified.

172.04 The amount of qualified radiologist's and technologist's time shall be sufficient to meet the hospital's requirement. A technologist shall be on duty or on call at all times.

172.05 The use of all x-ray apparatus shall be limited to personnel designated as qualified by the radiologist or by an appropriately constituted committee of the medical staff. The same limitation shall apply to personnel applying and removing radium element, its disintegration products, and radioactive isotopes. The use of fluoroscopes shall be limited to physicians or technologist under the direction of a physician.

173 SIGNED REPORTS

173.01 Signed reports shall be filed with the patient's medical record.

173.02 Requests by the attending physician for x-ray examination shall contain a concise statement of reason for the examination.

173.03 Reports of interpretations shall be written or dictated and signed by the radiologist.

173.04 X-ray reports and roentgenographies shall be preserved or microfilmed according to statutes.

174 SOCIAL WORK

174.01 Hospitals without an organized Social Work Department may provide this service. If such department is provided, there shall be effective policies and procedures relating to the staff and the functions of the service.

174.02 If the facility offers social services, a member of the staff of the facility shall be responsible for social services. If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker, or recognized social agency for consultation and assistance on a regularly scheduled basis.

174.03 A qualified social worker is an individual who is currently licensed by the State of Mississippi and has one (1) year of experience in a health care setting.

175 UTILIZATION REVIEW

UTILIZATION REVIEW PLAN

175.01 The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients.

1. The UR plan must provide for review for patients with respect to the medical necessity of-

    a. Admissions to the institution;

    b. The duration of stays; and

    c. Professional services furnished including drugs and biologicals.

2. Review of admissions may be performed before, at, or after hospital admission.

3. Reviews may be conducted on a sample basis.

176 UTILIZATION REVIEW COMMITTEE

176.01 A UR committee consisting of two or more practitioners must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners.

176.02 The committee must review professional services provided to determine medical necessity and to promote the most efficient use of available health facilities and services.

177 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM

177.01 The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.

177.02 The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.

177.03 The hospital must maintain and demonstrate evidence of its QAPI program for review by the Department.

178 QAPI PROGRAM SCOPE

178.01 The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and will identify and reduce medical errors.

178.02 The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.

179 QAPI PROGRAM DATA

179.01 The hospital must use the data collected to-

1. Monitor the effectiveness and safety of services and quality of care; and

2. to identify opportunities for improvement and changes that will lead to improvement.

179.02 The frequency and detail of data collection must be specified by the hospital's governing body.

180 QAPI PROGRAM ACTIVITIES

180.01 The hospital must set priorities for its performance improvement activities that-

1. Focus on high-risk, high-volume, or problem-prone areas;
2. Consider the incidence, prevalence, and severity of problems in those areas;
3. Affect health outcomes and quality of care; and
4. Affect patient safety.

180.02 Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.

180.03 The hospital must take actions aimed at performance improvement and, after implementing those actions, the hospital must measure its success, and track performance to ensure that improvements are sustained.

181 PERFORMANCE IMPROVEMENT PROJECTS

181.01 As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects.

181.02 The number and scope of distinct improvement projects conducted annually must be proportional to the scope and complexity of the hospital's services and operations.

181.03 The hospital must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.