Title 15: Mississippi State Department of Health

Part 3: Office of Health Protection

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 5 MISSISSIPPI POISON CONTROL CENTER ACCEDITATION STANDARDS

Subchapter 1 AUTHORITY

Rule 5.1.1 **Adoption of Regulation and Standards.** By virtue of authority vested in it by the Mississippi Code Annotated Section 41-3-15(5)(a), or as otherwise amended, the Mississippi State Department of Health does hereby adopt and promulgate the following standards and regulations governing accreditation of Mississippi Poison Control Center(s).

Source: Miss. Code Ann. §41-3-15

Subchapter 2 DEFINITIONS

Rule 5.2.1 **Poison Control Centers**. The poison control center is a specialized unit providing information on poisoning, in principle to the whole community. The primary functions of a poison control center are 1) to enhance the health of the lay public by assessing exposures and providing timely information, including referral to health care facilities when indicated; 2) to enhance the care of poisoned patients by providing timely information on diagnosis and treatment to health care professionals and 3) to provide information on potential poisons and chemical hazards to citizens and governmental agencies. In fulfilling its function, poison control centers provide the provision of toxicological information and advice, management of poisoning cases, information on the provision of laboratory analytical services, toxicovigilance activities, research, and education and training in the prevention and treatment of poisoning. As part of its role in toxicovigilance, the center advises on and is actively involved in the development, implementation, and evaluation of measures for the prevention of poisoning. In association with other responsible bodies, it also plays an important role in developing contingency plans for, and responding to, chemical disasters, in monitoring the adverse effects of drugs, and in handling problems of substance abuse. In fulfilling its role and functions, the Mississippi Poison Control Center needs to cooperate not only with similar organizations, but also with other institutions concerned with prevention of and response to poisons center is a specialized unit that advises on, and assists with, the prevention, diagnosis and management of poisoning. A poison center answers inquiries about exposure to chemical agents, including products, pharmaceuticals, natural toxins, pesticides and industrial chemicals. It provides an assessment of whether a particular exposure is hazardous, and information on the need for treatment and the kind of treatment that should be given. The goal of the poison control center for the State of Mississippi is to promote evidence-based, cost-effective management of poisoning and to ensure that unnecessary or ineffective treatment is minimized.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.2 **Accreditation.** The process by which an organization is deemed to meet certain standards, as designated appropriate by the Legislature or a governing body.

Rule 5.2.3 **American Association of Poison Control Centers (AAPCC)** The national organization for poison control centers and for certification of Specialist in Poison Information.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.4 **Bureau** means the Bureau of Health Facilities Licensure and Certification within the Mississippi State Department of Health.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.5 **Agency** means Mississippi State Department of Health.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.6 **Certified Specialist in Poison Control.** Specialist in Poison Control who has passed the AAPCC Certified Poison Control exam.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.7 **Clinical Toxicologist.** Diplomats of the American Board of Applied Toxicology (DABAT) or individual with appropriate training as referenced in Rule 5.10.6 that has been approved by the Medical Director to function in this role.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.8 **Electronic Linkage.** Real-time technology that enables medical record system accessibility by another poison center when needed to provide coverage for a call region. Also applies to real-time technology to enable medical record accessibility for personnel or consultants utilizing remote access.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.9 **Health Care Provider Education.** Professional education to healthcare providers in a poison center service area for the purpose of improving the quality, effectiveness, and efficiency of medical treatment provided to poisoned patients and enhancing awareness of poison control center services.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.10 **Functional Linkage.** A cooperative working relationship with another poison center to ensure services are provided in a seamless manner to the designated population. Coordinated patient care guidelines, databases, and other reference material must be available to enable remote agents to provide a single standard of information and care across the designated region.

Rule 5.2.11 **Medical Director.** The Medical Director is a doctor of medicine or osteopathy currently licensed in the appropriate state(s). The Medical Director is board certified in medical toxicology through the American Board of Medical Specialties. A physician who is not board certified as listed above may submit evidence of equivalent expertise demonstrated by training and certification:

1. Board-eligible physicians trained in a fellowship in medical toxicology approved by the Accreditation Council for Graduate Medical Education (AGCME) must become board certified within two consecutive examination cycles.

2. Doctors of osteopathy who have completed an Accreditation Council Graduate Medical Education approved fellowship and who have passed the American Osteopathic Board of Emergency Medicine examination for Certification of Added Qualification in Medical Toxicology will be considered qualified.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.12 **Medical Toxicologist** Physicians who are board certified in medical toxicology through the American Board of Medical Specialties or physicians who have completed an accredited fellowship in medical toxicology and in the process of taking the certification examination.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.13 **National Poison Data System (NPD**S). Refers to a national database utilized by poison control centers for entry of all human exposure data.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.14 **Partnership.** Any organized group where poison center education staff is in regular attendance or plays a significant role. Examples include committees, subcommittees, taskforces, workgroups, coalitions, and councils.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.15 **Poison Information Provider (PIP)**. An individual who answers calls for a poison control center and does not meet the eligibility criteria for the CSPI examination or has failed the CSPI examination two or more consecutive times. Individuals in professional training programs on educational rotations in a poison control center are not considered PIPs. The title and availability of the "PIP" position may differ at poison control center host institutions.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.16 **Public Education.** Public information shall be provided that raises awareness of poisoning, poison prevention, and poison control center services based on regional and community needs. Educational programs, materials, and messages are under the direction of the poison control center staff or through collaborative partnerships such as

public health organizations, poison prevention education centers, state and local agencies, schools, and other community organizations.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.17 **Quality Management.** A quality management and improvement program is an ongoing systematic, coordinated, and continuous approach to assessing and improving the delivery, quality, efficiency, and outcome of poison control center services. This is accomplished through ongoing quality improvement and quality assurance activities. The quality management program must include tools for chart review (ensuring accurate information and documentation), measuring customer and employee satisfaction, monitoring work flow and output, and improving the overall quality of services. This includes ongoing collection, monitoring, and analysis of data and the conduct of quality improvement initiatives while taking action where indicated for the purpose of reducing errors and improve performance.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.18 **Specialist in Poison Control.** A specialist in poison information (SPI) is a licensed registered nurse, pharmacist, physician, or physician assistant (PA), current or previously certified specialist in poison information as defined by AAPCC Certified Specialist in Poison Control Exam Criteria for Specialists in Poison Information or an individual who has completed job training as directed by the medical director.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.19 **Teleworking.** Refers to any arrangement in which a poison control center employee is working at an off-site environment on a regular, recurring, or occasional basis or as an element of a disaster plan.

Source: Miss. Code Ann. §41-3-15

Subchapter 3 ACCREDITATION

Rule 5.3.1 **Accreditation.** An entity shall not operate a poison control center within the State of Mississippi without first obtaining accreditation from the Mississippi State Department of Health. Substantial compliance with all requirements, as outlined in this Chapter, must be achieved in order for a Poison Control Center to become accredited.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.2 **Application for Accreditation.** Upon request for accreditation, the entity shall submit an application and required documentation, on Forms and in a manner as prescribed by Mississippi State Department of Health.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.3 **Fees**. Accreditation and re-accreditation renewal fees shall be established by the Mississippi Board of Health. The applicant shall bear the expense of all compliance reviews and inspection, to include but not be limited to, the cost of contracted services, transportation, lodging, and related per- diem expenses for specialist, as necessary, to conduct the initial certification compliance review and annual recertification reviews, plus the cost of administrative review, and monitoring.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.4 **Name of Institution.** The institutional name will be specific to the institution but shall contain the words "poison control center".

Source: Miss. Code Ann. §41-3-15

Rule 5.3.5 **Foundation for Services.** The Mississippi Poison Control Center shall operate under the auspices of a tertiary care center that is associated with a medical and pharmacy school. The Medical Director of the poison control center shall assume overall responsibility to assure compliance with the regulations, for setting policy, appointing medical and other persons to carry out such policies and for monitoring the poison control center's total operation. Collaboration of services with a medical center/school is important due to expertise and resources of that entity in the management of poisonings and its function as an educational institution for medical and other health related professions.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.6 **Operational Requirements.** In order for a poison control center to be considered operational, the center must:

1. Have telecommunications and data resources to assure accessibility 24/7/365;

2. Utilize the national PCC hotline number of 1-800-222- 1222;

3. Have availability of medical and assistive staff to meet the needs of the call volume, educational and training productions and related services;

4. Routinely upload exposure data into the National Poison Control Database.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.7 **Accreditation Renewal Cycle.** The accreditation issued for the operation of a poison control program, unless sooner suspended or revoked, shall expire automatically on June 30 of each third calendar year. Should initial certification occur prior to the June 30 date, the initial certification period shall run from the date of determination of compliance with all rules and regulations through June 30 of the following year post June 30. For example, if compliance is determined and initial certification granted on February 28, 2015, the initial licensure period shall run from February 28, 2015 thru June 30, 2016, then shall be established on an every three calendar year cycle.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.8 **Accreditation Renewal Process.** The poison control center seeking renewal of its accreditation shall:

1. Request a renewal packet from the Bureau if one is not received within 45 days prior to the expiration of the accreditation date;

2. Complete all forms and return to the Bureau within 30 days prior to the expiration of the renewal;

3. Submit the required accreditation renewal fees with the packet. A renewal packet is not considered complete until the completed packet and all pertinent fees are submitted.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.9 **Notification of Changes.** Mississippi State Department of Health shall be notified, in writing, of any of the following within 5 business days following the occurrence:

1. Address/Location

2. Phone Number (or change in national hotline number)

3. Hours of Operation/24 hour Contact Procedure

4. Medical Director

5. Poison Control Manager

6. Cessation of Business

Source: Miss. Code Ann. §41-3-15

Rule 5.3.10 **Posting of Accreditation Status.** The accreditation notice shall be displayed in a prominent place within the office of the poison control command center.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.11 **Inspections.** Observation and inspection of the poison control center, to include but not be limited to, review of staffing, procedures, processes, cases, logs, reports, quality assurance/improvement reviews shall be available at all reasonable hours to properly identified representatives of the Department.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.12 Denial, Suspension or Revocation of Accreditation. Under the Agency's authority to promote and protect public health, the accrediting Agency will hold authority to deny, suspend or revocate the accreditation of an accredited poison control center. Any of the following actions may be grounds for action by the Agency:

1. Non-compliance with provision of the certification regulations, as listed in this chapter;

2. Failure to assure qualified medical oversight and adequately qualified trained staff;

3. Failure to maintain telecommunications on a 24 hour basis;

4. Addiction to narcotics by any member of the medical or management staff of the center;

5. Conviction of a felony by any member of the medical or management staff of the center;

6. Publicly misrepresenting the poison control center or its services;

7. Permitting, aiding or abetting the commission of an unlawful act;

8. Misappropriating monies or properties of the center;

9. Failure to promptly notify the appropriate authorities upon receipt of a call or information indicative of imminent danger to the calling party, their family or others.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.13 **Termination of Operation.** Thirty days prior to discontinuation or determination of operation, management within the poison control center shall notify, in writing, the Governor and Lieutenant Governor of the State of Mississippi, Legislative Speakers of the House, both Senate and House of Representatives, the State Health Officer, and all other individuals, as deemed appropriate. The poison control center shall take steps, as necessary, to assure notification of the citizens of the State of Mississippi.

Source: Miss. Code Ann. §41-3-15

Subchapter 4 CALL CENTER COMMUNICATIONS AND INFRASTRUCTURE

Rule 5.4.1 **Communications and Infrastructure**. The poison control center maintains the infrastructure and resources necessary to respond to calls from its designated service region 24 hours per day, 365 days a year. The center demonstrates its commitment to high standards of patient care and safety by providing sufficient human, physical, and financial resources to support its mission. All activities of the poison control center are conducted at all times with sound ethical principles and in compliance with applicable federal and state laws.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.2 **Access.** The poison control call center shall maintain a communications infrastructure to ensure timely and uninterrupted access to call center staff 24 hours a day, 7 days a week, and 365 days a year.

1. The poison control center shall maintain a communications infrastructure that ensures timely and unrestricted access to its trained staff without interruption.

2. The poison control center shall ensure a communications infrastructure sufficient to respond to demands for services within its designated region, the State of Mississippi.

3. The poison center shall monitor to ensure that all counties within its designated region, the State of Mississippi are served.

4. The poison control center shall use and promote the nationwide toll-free number, 1-800-222-1222.

5. The poison control center shall not impose a direct fee to individual members of the lay public (either by direct billing or pay-forcall services) for poison exposure emergency calls received from the public within its region.

6. The poison control center shall respond to inquiries in languages other than English as appropriate to the region, using language translation services, interpreters, and/or bilingual staff.

7. The poison control center shall provide access for hearing- impaired individuals.

8. The poison control center shall document and upload to the National Poison Data System (NPDS) all human exposure and information cases received by any communication method (e.g., email, text, chat).

Source: Miss. Code Ann. §41-3-15

Rule 5.4.3 **Service Coverage.** The poison control center shall have systems in place to monitor and assure that poison control education and services are available and provided to all parts of the State of Mississippi. The center shall use NPDS data to monitor county utilization annually and will utilize quality improvement measures to improve utilization in underserved areas.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.4 **Policies and Procedures**. The poison control center must establish and comply with policies and procedures that ensure poisoning exposures and/or situations threatening human health are responded to and handled appropriately.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.5 **Additional Information Services.** The poison control center may provide additional information services for public health, private industry, or other entities but must ensure adequate staffing is provided for poison-related calls.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.6 **Reference Materials.** The poison control center shall establish patient care guidelines, databases, and other reference materials that ensure a single standard of information and care across the state.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.7 **Triage of Calls.** The poison control center provides effective triage of emergent calls.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.8 **Diversion of Calls.** If the poison control center routinely diverts calls, it must have the technology in place to allow real-time computer-networked access through a shared or replicated database to patient records with the capability to retrieve records for patient care and to have charting entries made in real time, following the standard practices for the poison center. This excludes brief periods such as coverage for staff meetings, telephony updates and disaster situations.

The poison control center may divert calls only to an accredited poison control center. Both centers must ensure that continuity of clinical care is achieved when diverting calls or sharing call responsibilities. Medical direction shall be maintained at all times during the process. A system must be put into place to replicate records into the home poison control database in a timely manner.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.9 **Internal Emergency Operations Plan.** The poison control center shall have a written internal emergency operations plan designed to coordinate its communications, resources, staff responsibilities, and clinical and support activities during an internal emergency, to ensure that services can be provided continuously to its designated service region.

1. The poison control center shall develop response and contingency plans for natural and technological disasters that may affect its facility, operations, and/or staff.

2. The poison control center shall develop a policy for business continuity in the event of a communications failure.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.10 **External Emergency Operations Plan.** The poison control center must have a written external emergency operations plan for assisting local, state, and federal authorities respond to emergencies occurring within its designated service region.

1. The poison control center shall assists in local, regional, and/or national emergency preparedness planning activities.

2. The poison control center shall develop and maintain a plan for capacity to respond to mass poisoning exposures or public health events. The written plan must cover surge capacity to respond to mass poisoning exposure or public health events.

3. The poison control center shall develop response and contingency plans for

natural and technological disasters that may affect its facility, operations, and/or staff.

4. The poison control center shall develop a policy for business continuity in the event of a communications failure.

Source: Miss. Code Ann. §41-3-15

Subchapter 5 Call Center Staffing

Rule 5.5.1 **Qualified Staff.** The poison control center's telephone consultation personnel possess the appropriate combination of educational credential(s), specialized training and/or certification, work experience, and demonstrated skills to qualify them for the tasks they are performing.

1. Telephone consultation staff members must be qualified, experienced, trained, and competent to deliver quality patient care.

2. Telephone consultation staff shall receive ongoing continuing education related to toxicology.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.2 **Staffing for PCC.** The poison control center must ensure that telephone consultation staff members are adequately qualified. The center shall be staffed with medical toxicologist, clinical toxicologist, certified poison information specialist (CSPI), specialist in poison information (SPI), poison information providers (PIP), and other personnel, as needed, based on the volume of calls.

1. A Specialist in Poison Information (SPI) or a Certified Specialist in Poison Information (CSPI) may work part time or full time in the poison control center, but when scheduled to work on the poison center hotline, 100% of his or her time must be dedicated to poison control center activities.

2. A Certified Specialist in Poison Information (CSPI) may work as a sole individual providing service in handling human exposure calls if the medical director and the Poison Control Manager (if a clinical toxicologist) have evaluated the CSPI's performance and have deemed the CSPI appropriate to work alone with access to clinical supervision at all times.

3. A non-certified Specialist in Poison Information (SPI) may work as a sole individual providing service in handling human exposure calls if the SPI is in the process of meeting the Certified Specialist in Poison Information (CSPI) examination eligibility requirements, has handled a minimum of 2,000 human exposure cases, and the medical director and poison control manager have evaluated the SPIs performance and have deemed the SPI appropriate to work alone with access to clinical supervision at all times.

4. Specialist in Poison Information (SPI) who are not Clinical Toxicologists

(see Rule 5.2.7) or Medical Toxicologists (see Rule 5.2.12) shall be certified by the American Association of Poison Control Centers within three consecutive certification examinations. Initial eligibility for certification is met when the candidate meets criteria for call volume and hours worked and poison control center leadership has verified the candidate's eligibility.

5. A Certified Specialist in Poison Information (CSPI) who fails the re-certification exam or does not retake it before the expiration date of the certification reverts to a Specialist in Poison Information (SPI) but remains eligible to retake the examination. This SPI must recertify within three consecutive administrations of the certification exam.

6. A Specialist in Poison Information (SPI) or Certified Specialist in Poison Information (CSPI) who has failed the examination three times may not work independently and must follow the scheduling and supervision requirements of a Poison Information Provider (PIP) (refer to items 8-10, as listed below) but remains eligible to retake the certification examination. Any change in employment status must follow host institution policy.

7. A Poison Information Provider may work part time or full time in the poison control center, but when scheduled to work on the poison center hotline, 100% of his or her time must be dedicated to poison control center activities.

8. Poison Information Providers may not be the sole individual scheduled to work on the poison center hotline.

9. At all times, Poison Information Providers must be under the oversight/direction of a certified Specialist in Poison Control, a qualified person providing medical direction, or a Clinical Toxicologist and/or Medical Toxicologist.

10. Qualified individuals – (an individual as defined in Rule 5.5.2(2). The center must provide 1:2 (supervisor to PIP) oversight of PIPs who manage exposure calls.

11. Supervising individuals, as listed in Rule 5.5.2 (2), shall provide the following types of oversight to a Poison Information Provider: direct oversight, on-site oversight, or general oversight. Direct oversight means the individual is within technologically unassisted audible and visible reach of the Poison Information Provider. On-site oversight means the individual must be in the Poison Control Center and quickly available to the Poison Information Provider. General oversight means accepting responsibility for and overseeing the services of a Poison Information Provider by telephone, by videoconferencing, or in person as frequently as necessary considering the location, nature of practice, and experience of the Poison Information Provider.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.3 **Staff Experience/Expertise.** The poison control center must ensure that telephone consultation staff have the appropriate experience and level of expertise to achieve and maintain a high standard of practice.

1. To maintain experience, expertise, and quality, call center personnel at a poison control center must handle, on average, at least 2,000 and not more than 5,500 human exposures per Certified Specialist in Poison Control/Specialist in Poison Control/ Poison Information Provider full-time equivalent (FTE) per year.

2. The Mississippi Poison Control Center will strive to maintain 100% of Specialist in Poison Control's FTEs by certified specialist in poison control; however, in times of high turnover, the Mississippi Poison Control Center will make every effort to assure that at least 50% of the specialists functioning in the poison control center will be certified specialist in poison control. Should the number of certified specialist in poison control information drop below the 50% , the Mississippi Poison Control Unit will notify the accrediting agency and provide to the accrediting agency a detailed action plan for assuring adequate coverage of the center with qualified staff during this period and which shall address recruitment and training efforts. The minimum number of Certified Specialist in Poison Information (CSPI) for certification shall be no less than 40%.

3. Specialists in Poison Control (SPI) not currently certified by AAPCC must spend a minimum of 800 hours per year (15 hours/week average) and manage 1,000 human exposure cases per year working as a SPI.

4. Certified Specialists in Poison Information (CSPIs) must spend a minimum of 400 hours per year (8 hours/week average) and manage 500 human exposure cases per year or equivalent of an equal number of hours in providing professional education, clinical, or case management activities.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.4 **Training and Orientation.** The poison control center must demonstrate that telephone consultation staff are trained appropriately and assessed on an ongoing basis to maintain competency.

1. The Medical Director is responsible for content oversight of staff toxicology education and training.

2. The poison control center must have an orientation/training program for new staff providing toxicologic information, including training manuals, written learning objectives, regular evaluation of progress, and competency evaluation.

3. The poison control center must have an ongoing education program in place to update and increase the knowledge base and competency of staff.

4. A regular evaluation process must be in place for telephone consultation

staff, involving review of both communication skills and case management.

a. All telephone personnel must complete the Poison Control Center Collaborative Communications Training Module on an annual basis.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.5 **Resources**. The poison control center must ensure that medical toxicologists, clinical toxicologists, and telephone consultation staff have access to resources needed to ensure learning and the delivery of competent care.

1. Comprehensive product information resources shall be immediately available to the clinical staff at all times.

2. Clinical staff members shall be timely informed of current toxicology matters and trends (e.g., current drug trends, recalls).

Source: Miss. Code Ann. §41-3-15

Rule 5.5.6 **Teleworking.** If the poison control center's leadership determines that teleworking is an appropriate alternative work arrangement to meet the needs of the populations it serves, the center must ensure that its services provided by teleworkers meet all requisite standards.

1. Employee eligibility for teleworking is determined at the sole discretion of the poison control center clinical/medical director leadership.

2. At least one Specialist in Poison Information (SPI) must be onsite for each shift during business and peak call volume hours, unless there is a disaster that requires closure of the facility.

3. The poison control center has a teleworking agreement or policy to establish eligibility guidelines, usage policies, work hours, employee availability, IT support processes, and data security, demonstrating a clear understanding of the expectations of teleworkers.

4. The poison control center has a well-defined emergency service continuity plan, including a policy for business continuity in the event of a telecommunication failure at the remote site (refer to Emergency Operations Plan).

5. Teleworkers must have immediate access to a clinical or medical toxicologist at all times commensurate with on-site staff designated to answer poison control center calls.

6. Teleworkers must have access to key information resources at all times commensurate with onsite staff designated to answer poison control center

calls.

7. The poison control center ensures proper review of patient management by teleworkers. This includes immediate access to teleworker case and voice recordings for review by medical director and/or clinical supervisor.

8. The poison control center has a plan to provide and document staff development activities for teleworkers.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.6 (9) The poison control center may utilize teleworking to support call delivery. In addition, the poison control center may enter into an agreement with another poison control center to provide call management services via teleworking during low volume times in which it is not financially feasible to maintain a full-time SPI at the home poison control center.

a. The poison control center supplying the teleworking services must be accredited.

b. Teleworking calls will be answered as "Thank you for calling the Mississippi Poison Control Center".

c. The home poison control center will supply medical direction and medical toxicologists from the home poison control center and will communicate with physicians requiring assistance during these hours.

d. All teleworking SPIs must meet the minimum eligibility requirements of the home poison center.

e. This will be a Functional linkage as defined under 5.2.10. Coordinated patient care guidelines, databases, and other reference material must be available to enable remote agents to provide a single standard of information and care across the Mississippi. This process is not call diversion.

f. All call records will be routinely uploaded to the NPDS at a frequency equal to or shorter than that used by the home poison control center. These call records must be identified as Mississippi calls and the home center must be listed as the primary center. The teleworking poison control center will provide full electronic copies of all cases to the home poison control center. A written procedure will be followed for full electronic call records of teleworking calls to be replicated in the home poison control center database within 10 hours of the call.

g. The home poison control center will have immediate access to a shared/replicated database maintained by the teleworking poison control center.

h. A written plan will be maintained and followed for the home poison control center to resume call management in the case of a disaster at the teleworking poison control center.

Source: Miss. Code Ann. §41-3-15

Subchapter 6

Rule 5.6.1 **Patient Management.** Poison control centers shall provide information to the public and to health care providers regarding human exposures, including assessment of the type and severity of poisoning, suggestions for on-site management when appropriate, reassurance to the caller, and referral to a health care facility when necessary.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.2 **Systems for Care**. The poison control center shall have systems in place to provide safe and appropriate exposure management recommendations and to help the public and care providers avoid unnecessary utilization of health care resources. When referral to a health care facility is necessary, the facility will be notified of information regarding the case and the relevant toxicology of the poison involved.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.3 **Informational Source.** The poison control center will provide health care providers with information on treatment, differential diagnosis, and interpretation of clinical signs and laboratory values and facilitate access to specialized toxicology services and follow- up.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.4 **Availability of Medical Consultation.** Clinical or medical toxicologists shall be available at all times for consultation. The poison control center medical director or designee shall be available for medical back-up at all times. Consultations to healthcare facilities shall be conducted by the Medical Toxicologist or his/her designee.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.5 **Patient Management Guidelines.** The poison control center must utilize patient management guidelines for the assessment, triage, management, and follow-up of poisoning exposures. Those guidelines must clearly define

parameters for patients managed on- site and health care facility (HCF) management and appropriate follow-up.

1. The poison control center provides clinical guidelines that include but are not limited to the evaluation and follow-up of potentially toxic exposures and appropriate criteria for patient disposition.

2. The poison control center regularly uses a process for the establishment of guidelines, including time lines for review and update.

3. The poison control center ensures that guidelines are available to all staff at all times.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.6 **Follow-up of Cases.** The poison control center shall provide timely and appropriate follow-up (internally defined). Follow-up calls from the poison control center are used to ascertain patient status, symptom resolution, compliance with or modification of recommended therapy, and, when appropriate, status after discharge.

1. At least 75% of human exposure cases managed at a Health Care Facility (HCF) (already in or en route to HCF) are followed to a known outcome (excluding not followed, judged as nontoxic; lost to follow-up/left AMA, refused referral/did not arrive at HCF).

Source: Miss. Code Ann. §41-3-15

Rule 5.6.7 **External Resources.** The poison control center must identify and have access to pertinent external resources at all times to assist with unique poisonings encountered in the region.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.8 **Antidotes.** The poison control center must maintain a process to locate critical antidotes and assist with the transfer of the patient or the antidote when necessary.

Source: Miss. Code Ann. §41-3-15

Subchapter 7 Quality Assurance

Rule 5.7.1 **Quality Assurance Program.** The poison control center shall develop and utilize an on-going quality management and improvement program. This quality management and improvement program and activities shall be the framework within which the poison control center improves the quality of information and service delivery to callers.

1. The quality management program must include tools for chart review (ensuring accurate information and documentation), measuring customer and employee satisfaction, monitoring work flow and output, and improving the overall quality of services.

2. The poison control center shall demonstrate the use of a comprehensive, written, quality management program that describes the center's methods of conducting quality improvement and quality assurance.

3. The poison control center shall apply the results of quality management to update its policies and procedures, reduce errors, and improve performance.

4. The quality assurance and quality improvement program shall be managed by the medical or clinical toxicologist or designee and overseen by the Medical Director. These activities are conducted in accordance with the policies and procedures of the poison control center, reviewed by the Medical Director and action taken as appropriate. Documentation of the quality assurance processes, findings, outcome and all corrective actions taken shall be documented and maintained as evidence of the poison control center's quality assurance/improvement process.

5. The poison control center shall conduct at least one unique quality management initiative every 12 months, at a minimum, exclusive of regular audits.

6. The poison control center shall incorporate an internal or external benchmarking into its quality management program. Proposed Outcomes include:
   a. Improve quality of patient care and information services;
   b. Organizational efficiency and performance;

c. Therapeutic and coding error reduction;
d. Optimization of caller satisfaction;
e. Optimization of employee satisfaction; and
f. Fulfillment of the center's mission.

Source: Miss. Code Ann. §41-3-15

Rule 5.7.2 **Case Review.** The poison control center shall regularly review its medical records for, at a minimum, the quality of poison information provided and the quality of documentation, including accuracy and completeness.

1. The Medical Director shall be responsible for the accuracy of toxicologic recommendations made by clinical staff, including specialists in poison information, poison information providers, students, residents, and fellows. A program for the review of medical records shall be in place for improved management and documentation of cases.

2. A selection of high-risk or problem-prone cases and those managed in a health care facility shall be reviewed internally on an ongoing basis under the direction of a medical or clinical toxicologist.

3. A selection of cases managed on-site (non-health care facility) shall be reviewed internally on an ongoing basis by a medical or clinical toxicologist or individual designated by the medical or clinical toxicologist.

Source: Miss. Code Ann. §41-3-15

Rule 5.7.3 **Policy/Procedural Reviews.** The poison control center shall, on a regular basis, examine all of its guidelines, policies, and procedures to ensure that they drive optimal performance.

1. The poison control center shall regularly examine the compliance of its employees in adhering to its clinical guidelines, policies, and procedures.

2. The Medical Director shall review and approve all clinical guidelines at least every 24 months and ensure that the number and content of the center's policies are adequate to direct the provision of state-of-the-art toxicologic advice.

Source: Miss. Code Ann. §41-3-15

Rule 5.7.4 **Customer Satisfaction.** The poison control center shall measure the satisfaction of its customers (general public and health care providers) on an ongoing basis (minimum of once per year).

Source: Miss. Code Ann. §41-3-15

Rule 5.7.5 **Medical/Case Records.** The poison control center shall keep records of all cases for which it was consulted or provided information in a format that is acceptable as a medical record.

1. The medical/case record shall be used to facilitate communication among poison control center staff members to ensure a clear, consistent, and cohesive set of recommendations

regarding diagnosis, treatment, and other clinical advice.

2. The medical record of the poison control center shall contain data elements and sufficient narrative to allow peer review and medical audit.

3. The poison control center shall follow applicable institutional, state, and federal laws and regulations regarding patient confidentiality. Its medical record system shall be indexed for easy retrieval, either hardcopy or electronic and maintained in a secure location.

4. The poison control center shall develop, in writing, and abide by a record retention policy.

Source: Miss. Code Ann. §41-3-15

Subchapter 8 Public Education

Rule 5.8.1 **Public Education Program.** The control center will provide or participate in poisoning prevention, awareness, and education throughout its designated region, the state of Mississippi. Public education will incorporate a combination of public health strategies, including but not limited to direct outreach, marketing, public relations, collaborative relationships with community groups and other agencies, and mass media, to increase awareness of poisoning, poison prevention, and poison center services, tailored to regional community needs and the population served. Effective public education is based on a solid understanding of the impact of poisonings, the groups at risk, and the use of appropriate educational strategies. Public education efforts provided through collaborative partnerships shall be vetted by the poison control center to meet the identified needs of the designated populations.

1. The poison control center shall utilize internal or external individual(s) or organization(s) that are qualified/ trained to plan, design, and implement coordinated public education activities throughout the designated region.

2. The poison control center will provide poison prevention and awareness education. Collaboration and partnerships may enhance the ability to provide effective public education and awareness programs.

3. The educator(s) with oversight of content and quality of public education activities at the poison control center must be a health professional or have a degree in health education, public health, or an education-related discipline or relevant work-related experience.

4. The educator(s) must demonstrate ongoing efforts in continuing education related to his or her current job function and accreditation standards.

5. The poison control center will periodically assess community needs for public education. Target populations throughout Mississippi will be identified.

6. The poison center shall ensure planning and implementation of a comprehensive public education program to reach the target populations. The poison center adapts or develops public education strategies that are appropriate for the intended target populations.

7. The public education programs conducted by the poison control center shall include ongoing evaluations and apply the results to improve and advance public education programs.

Source: Miss. Code Ann. §41-3-15

Rule 5.8.2 **Healthcare Provider Education Program. T**he poison control center provides education to health care providers (HCPs) in their designated region for the purpose of improving awareness of poison center services and the quality, effectiveness, and efficiency of medical treatment for the poisoned patient.

1. The poison control center must employ or utilize individual(s) that are qualified/trained to plan, design, and implement coordinated health care provider education activities at the poison control center and throughout the designated region. Content oversight will be provided by the Medical Director or a clinical or medical toxicologist as his designee.

2. New and important advances in poisoning management will be provided to health care providers throughout the designated service region.

3. The accredited poison control center may offer educational activities for students in health care disciplines and residents in training.

4. The curricula and program formats shall be developed around learning objectives consistent with the interests and level of expertise of the targeted professional audience. The poison center will apply evaluation results to improve the provider education program.

Source: Miss. Code Ann. §41-3-15

Rule 5.8.3 **Educational Information.** The poison control center shall provide public education information and materials (developed internally or externally) that are clinically accurate and designed for the specific target population.

1. All information and materials shall be easy to read, simple to understand by the targeted population, and developed applying health literacy principles.

2. Public education program materials developed by the poison control center or by an American Association for Poison Prevention Center must be reviewed for clinical accuracy by the Clinical and/ or Medical Toxicologist of the poison control center.

Source: Miss. Code Ann. §41-3-15

Rule 5.8.3 **Collaborative Relationships.** The poison control center shall develop collaborative relationships with entities such as public health organizations, other poison prevention centers, state and local agencies, private-sector businesses, schools, and community organizations in support of poison prevention efforts and poison center services.

1. The poison control center shall maintain documentation of said activities.

Source: Miss. Code Ann. §41-3-15

Subchapter 9 Data and Surveillance

Rule 5.9.1 **Data and Surveillance.** The poison control center shall collaborate with local, state, and federal public health entities for the surveillance of poisonings.

1. Surveillance data shall be used for:

    a. The detection and monitoring of, and response to, public health and environmental emergencies involving toxic exposures, pandemics, as well as the contamination of the air, water, pharmaceutical or food supply;

    b. Implementing and evaluating prevention and control measures;

    c. Planning and managing resources and establishing priorities; and

    d. Identifying emerging trends and/or public health threats.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.2 **Record/Case Retention.** The poison control center shall generate and keep a permanent confidential record of each exposure case handled by the center in a form generally accepted as a medical record for a period of time consistent with institutional, state, and federal regulations on the retention of general medical records.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.3 **Record Documentation.** The poison control center shall facilitate communication among staff to ensure clear, consistent, and cohesive documentation using the medical record.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.4 **Retrieval of Records.** The poison control center's medical records (paper or electronic) shall be stored appropriately and easily retrievable.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.5 **System for Disaster Recovery.** The poison control center maintains a disaster recovery system for patient records.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.6 **Submissions to National Poison Data System (NPDS).** The poison control center shall submit all of its human exposure data to the NPDS in the format and time-frame, as prescribed by the NPDS.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.7 **NPDS Entries.** The poison control center shall have an ongoing process to ensure that consistent, complete, and accurate data are entered and submitted to the National Poison Data System.

1. The poison control center shall have a process in place to minimize data coding errors.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.8 **Public Health Monitoring**. The poison control center will monitor for the emergence of poisoning hazards and take specific actions to eliminate them. Those actions include, but are not limited to, notification of the appropriate public health officials regarding hazards, public and professional education efforts, press releases, and poison prevention efforts.

1. The poison control center has a process for sharing information to meet the needs of local, state, and federal public health entities.

2. The poison control center has a process of communicating hazards to local, state, and federal authorities and other agencies in real time and maintains communication with those entities as needed.

Source: Miss. Code Ann. §41-3-15

Subchapter 10 Leadership and Management

Rule 5.10.1 **Leadership and Management**. The poison control center shall employ individuals who collectively provide expertise in clinical toxicology. The poison control center shall also employ or utilize leaders and managers to perform the functions necessary to support the expert staff, including experts in human resource management, budgetary and financial management, education, regulatory compliance, emergency preparedness and response, facilities management, and information technology.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.2 **Qualified Leadership.** The poison control center shall be staffed by leadership personnel who are qualified to perform their designated duties.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.3 **Functions of Leadership.** The poison center's leaders shall have the following duties and responsibilities:

1. Ensure that information provided to the public and health care professionals is of the highest possible quality;

2. Optimize the poison control center's stability through astute financial management;

3. Hire, train, mentor, and manage a team of experts in toxicology, using policies and procedures designed to facilitate optimal output (timely flow of quality information);

4. Oversee the quality of information collected and recorded for descriptive epidemiology purposes;

5. Ensure that the center has planned for continued provision of poison control center services during emergencies;

6. Establish and maintain partnerships with public health and other stakeholders; and

7. Ensure that meaningful surveillance links exist to transmit poison control center hazard observations to appropriate public health officials.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.4 **Medical Leadership.** The individual or individuals providing medical direction shall individually or collectively devote a minimum of 20 hours per week to the center to conduct the required Medical Director duties. Additional medical direction may be desirable and may be necessary.

1. One or more individuals may function as administrative director(s) and shall be accountable for all operations of the poison control center.

2. These individuals are accountable for all operations of the poison control center shall ensure that all other staff members meet qualifications for their designated duties.

3. An individual may be qualified to perform more than one leadership function.

4. Poisoning information and treatment advice shall be provided by staff under the direction of adequately qualified clinical toxicologists, at least one of which must be a qualified medical toxicologist designated to serve as the Medical Director.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.5 **Credentials and Qualifications**. The poison control center shall employ or use toxicologists who are appropriately qualified and approved by the Medical Director to perform clinical supervision. Qualified toxicologists may be either Clinical Toxicologists or Medical Toxicologists.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.6 **Credentials of Clinical Toxicologist**. The poison control center may employ or use Clinical Toxicologists, defined as follows:

1. Clinical Toxicologists may be diplomats of the American Board of Applied Toxicology (DABAT).

2. Health care providers without ABAT certification will be considered qualified to provide clinical supervision for the purpose of determining compliance with current criteria if:

   a. The healthcare provider has met the following criteria:

      i. A minimum of a baccalaureate degree in nursing, pharmaceutical services, or a doctorate in medicine; and

      ii. A minimum of a baccalaureate degree in toxicology related field, such as toxicology, chemistry, biochemistry, or environmental science; and

iii. A certification by a national toxicology board such as the American Board of Applied Toxicology, the American Association of Poison Control Centers, or the American Board of Toxicology; and

iv. Post graduate education/certificate in clinical toxicology.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.7 **Qualifications of Medical Toxicologist.** The poison control center shall employ or use one or more medical toxicologists who meet the following:

1. Medical toxicologists associated with the poison control center shall be physicians (MD, DO) who are board-eligible or board-certified in medical toxicology through the American Board of Medical Specialties or the American Board of Osteopathic Medicine;

2. Have a current and unrestricted license from the Mississippi State Board of Medical Licensure; and

3. Participate in consultations with the poison control center staff and perform consultations with other health care providers.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.8 **Medical Director Qualifications**. One or more medical toxicologists may share the duties of the Medical Director, provided that all meet the qualifications.

1. If more than one individual performs the duties of a Medical Director, one individual shall serve as the designated Medical Director for the center.

2. The Medical Director shall be a doctor of medicine or osteopathy with a current and unrestricted license from the Mississippi State Board of Medical Licensure.

3. The Medical Director shall be board certified in medical toxicology through the American Board of Medical Specialties subspecialty examination in Medical Toxicology (after 1994). A physician who is not board certified as listed above may submit evidence of equivalent expertise demonstrated by training and certification:

   a. Board-eligible physicians trained in a fellowship in medical toxicology approved by the Accreditation Council for Graduate Medical Education (AGCME) must become board certified within two consecutive examination cycles.

   b. Doctors of Osteopathy who have completed an ACGME-approved fellowship and who have passed the American Osteopathic Board of Emergency Medicine examination for Certification of Added Qualification in Medical Toxicology will be considered qualified.

4. The Medical Director and all other individuals designated as providers of medical direction must have active staff appointments at an inpatient treatment facility and must be involved in the bedside clinical management of poisoned patients.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.9 **Readily Available Evidence of Qualifications.** The poison control center shall maintain and have readily accessible for review an individual file for each employee which shall contain, but not be limited to the following:

1. Signed acknowledgement of the duties and responsibilities of their job description, to include a copy of said job description;

2. A biographical sketch for each physician and/or toxicologists (clinical and medical);

3. Documentation of the Medical Director's approval of all toxicologists operating within the poison control center;

4. Verification of current medical, nursing and/or other professional licensure, as applicable;

5. Documented evidence that the Medical Director and all other individuals designated as providers of medical direction have active medical staff privileges at an inpatient treatment facility (e.g., letters of appointment).

6. Verification of clinical and/or medical toxicology board certification (or alternative proof of qualification).

Source: Miss. Code Ann. §41-3-15

Rule 5.10.10 **Required Expertise**. In an effort to assure quality poison control services, the poison control center shall assure **c**linical and medical toxicology expertise for all Medical and Clinical Toxicologist working as part of or in conjunction with the center.

1. A poison control center shall provide full-time toxicological supervision. This must include at least one full-time equivalent on-site toxicologic supervision provided by a qualified Clinical or Medical Toxicologist (or a combination) and appropriate qualified back-up.

2. The Medical Director may designate other toxicologists (e.g., clinical toxicologist, fellows in training) to provide immediate consultation, (either within the center or by taking call) to the clinical staff as long as a qualified medical toxicologist is immediately available 24/7.

3. The Medical Director shall be responsible for information and recommendations related to patient care.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.11 **Appropriate Medical Direction.** The poison control center shall have appropriate medical direction. The following shall represent the minimum time commitment for medical direction. Additional medical direction is highly desirable and may be necessary.

1. The Medical Director must spend a minimum of 20 hours per week dedicated to the poison control center. At least 15 hours must be on-site. Five (5) hours a week may be off-site if directed to activities of the poison control center.

2. If the call volume for human exposures for the state of Mississippi exceeds 24,999/year, the following schedule will be used to determine the required Medical Director hours per week.

Human exposures per year	Off-site* hours/week	On-site hours/week	PCC total hours/week
0–24,999	5	15	20
25,000–37,499	10	15	25
37,500–49,999	10	20	30
50,000–74,999	10	30	40
75,000–99,999	10	40	50

3. For poison control centers in transition with medical direction or other special circumstances (e.g., loss of Medical Director or other circumstances deemed appropriate by the certifying Agency, up to 50% of Medical Director on-site time may be accomplished through direct continuous video conferencing with poison control center clinical staff. Availability by phone or beeper alone is not sufficient.

4. Time applied to medical direction must be 100% engaged in poison control center activities.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.12 **Support Systems.** The poison control center shall have access to or supports additional functions, including human resources, budgetary and financial management, employee education, training and staff development, information technology, external relations, and other administrative functions. These roles may be fulfilled by the certified poison control center director or other designated individual(s).

1. The person(s) responsible for human resources shall ensure that all managerial and staff actions considered to be human resource functions are carried out according to the poison center's policies and in accordance with applicable local, state, and federal laws.

2. The person(s) responsible for the budgetary and financial management shall develop, balance, and reconcile budgets; identify, manage, and generate revenue streams; ensures the appropriate accounting procedures are used, manages grants and contracts; procures equipment, supplies, software, hardware, and licenses; and oversees business and financial development.

3. The person(s) responsible for compliance with certification of this poison control center shall assure the development of internal processes for monitoring said poison control center's compliance with the requirements as addressed in the Regulations Governing Certification of Poison Control Centers in Mississippi and ensures adherence to federal, state, and local laws; regulations, and institutional policies.

4. The person(s) responsible for employee education, training, and staff development shall train and maintain documentation of said training for new employees, provide updated new information in a clear and consistent manner, and encourage and participate in the professional development of the center's employees.

5. The person(s) responsible for information technology shall provide information technology support, including maintaining the center's hardware and software, information transmission to the National Poison Data System, maintenance of confidentiality, and emergency backup.

6. The person(s) responsible for the operations and infrastructure of the poison control center shall be available, or have an assigned designee who has decision making authority available, at all times to ensure the continuous provision of accredited poison control center services.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.13 **Documentation of Compliance.** The poison control center shall document ongoing compliance with the requirement for assuring medical direction and services. Documentation to reflect compliance shall be submitted as outlined in the Mississippi Poison Control Center Accreditation Standards, Appendix A and Appendix B.

Source: Miss. Code Ann. §41-3-15

Mississippi Poison Control Center Accreditation Standards
Appendix A
Documentation of Compliance
Source: Miss. Code Ann. §41-3-15

1. Call center communications and infrastructure

   a. Describe the poison control center's designated service region.

   b. Provide written documentation of state designation of the poison control center by the state public health authority and clearly delineate the region served.

   c. Submit Table1, Appendix B of the call volume and population by county.

      c.1. Provide documentation that adequately explains the reasons for an unusually low county utilization rate (counties with more than 2 standard deviation rates below the state mean for the most recent available year). Submit a documented improvement plan that describes timelines, goals, and objectives for improving utilization of PCC services in underserved counties or equivalent regions.

   d. Provide a map of the designated service region.

e. Describe current methods by which the center can be accessed by the public and health care professionals including, but not limited to, telephone, videoconferencing, and web access.
e.1. Describe access for hearing-impaired individuals.
e.2. Describe the poison control center's capabilities to respond to inquiries in languages other than English.
e.3. Describe how the poison control center interfaces with 911 and other emergency operators.

f. Submit call center metrics for 3 recent consecutive months for any/all local and national phone lines used to respond to poison control calls.

f.1. Total number of inbound calls.
f.2. Rate (%) of calls abandoned. This is defined as the number of abandoned calls divided by total incoming calls. Exclude calls with abandoned times of less than or equal to 12 seconds.
f.3. Average abandonment time. This is defined as the average time calls were waiting in queue before abandonment.
f.4. Average time to answer a call. This is defined as the average time a call was waiting in queue before being answered by an agent.
f.5. Submit a detailed explanation for metrics that exceed defined acceptable service levels by the approved benchmark. If necessary, submit a documented improvement plan that describes timelines, goals, and objectives to maintain metrics within acceptable range.

g. Describe how the poison control center uses and promotes the nationwide toll-free number, 1-800-222-1222.

h. Provide the following documentation for all communications modalities:
h.1. all applicable triage and communication policies and procedures that were developed specifically for each communication modality;
h.2. a detailed description of the process for training and monitoring the quality and effectiveness of communication modalities.

i. Describe the telephone system (e.g. call flow, interactive voice response [IVR], call routing, priority queue, remote locations).

j. List and describe all types of communications methods, such as telephone, chat, and text, and information services (e.g., on topics such as flu or rabies offered by the center, including the annual volume of calls for each service and the presence or absence of separate staffing for each service).

k. Provide policies and procedures that ensure poisoning calls threatening human health are responded to and handled appropriately.

l. If call diversion is used, describe the process for call diversion and ensuring access to case information.

m. If call diversion is used, provide evidence of coordinated patient care guidelines, databases and other reference material that ensures a single standard of care.

n. If call diversion is used, describe how continuity of clinical care is achieved when routinely diverting calls to another poison control center.

o. Provide response plan for natural and technological disasters to ensure business continuity in the event of a communications failure.

p. Provide a plan for surge capacity to respond to mass poisoning exposures or public health events.

2. Call center staffing

a. Submit a listing (Table 2, Appendix B) of SPIs/CSPIs, their background and their work effort.
a.1. Provide a copy of the job description for a SPI/CSPI.
a.2. Submit the total number of candidates who have taken the CSPI examination over the past 7 years and note the pass/fail status.
a.3. Submit an explanation for any instance where a SPI has worked alone and has not met criteria as mentioned above. For any instance where a SPI has worked alone and has not met the criteria, a time-limited waiver may be granted upon the provision of an explanation, a time line for correction, and explanation of the methodology used by the medical director and managing director in assessing and verifying the competency of the specialist working alone. Submit the explanation/verification required for waiver.

b. Submit (Table 3, Appendix B), a listing of PIPs, their background and their work effort.
(Do not include rotating residents, students or fellows.)
b.1. Provide a copy of the job description for a PIP.
b.2. Provide internal policy statements or other documents which guarantee that, while answering exposure calls, PIPs are always under the oversight of a CSPI, medical director or clinical toxicologist.
b.3. Submit Table 4, Appendix B, summarizing all poison information staff.

c. Provide a copy of the SPI staffing schedule for the most recent 3 months.
c.1. Identify each entry as per job function.
c.2. Designate every shift that is completely or partially covered by one staff member alone and teleworking staff.
c.3. For non-certified SPIs working alone, submit documentation verifying that the individual is in process of meeting CSPI examination eligibility requirement and has handled 2,000 human exposure cases.

d. Document total call volume and human exposure calls per SPI FTE (calls documented in database).
d.1. Provide an explanation for any discrepancy between call volume that drops below 2,000 human exposures or exceeds 5,500 human exposure for CSPI/SPI/PIP.

e. Describe supervisor or case management activities for certified SPIs not working 400 hours per year and managing 500 human exposure cases per year.

f. Describe the poison control center's programs for initial orientation training, continuing education, and team efforts to increase the knowledge base and skill of the clinical staff.

g. Provide a list of activities and sample of training materials for SPIs/PIPs.

h. Describe evidence of staff competency assessment.

i. Describe the toxicology references, including website links and list of online resources that are most often utilized by the staff.

j. Describe the method of access for staff, including remote agents, if applicable.

k. Describe the method of keeping staff aware of current trends and toxicology matters.

l. Provide a copy of currently teleworking policy and procedures.

m. Describe the technology of teleworkers for communication with the main site and record continuity.

n. Provide staffing patterns for teleworkers (clearly mark teleworking staff on 3 month schedule), include provisions for the training of students or residents rotating through the poison control center if all SPIs are off-site.

o. Describe the specific procedure to be implemented if technical difficulties impede the flow of work at the remote site.

p. Describe how the teleworker is able to access the information resources deemed necessary for case management.

q. Demonstrate that clinical supervision and quality management of remote staff are equivalent to those for on-site staff (this includes communication with the clinical and/or medical toxicologist, chart review, voice recording, evaluation of staff performance, and staff productivity).

r. Describe the special circumstances justifying individual SPIs teleworking over 50% and describe how they participate in staff development activities.

3. Patient management

a. Provide a list, signed and dated by the Medical Director, of all clinical guidelines.

b. Describe the process for establishing and reviewing patient management guidelines including guidelines as to when to consult clinical and/or medical toxicologist and guidelines for life threatening exposures.

c. Provide explanation if less than 75% of human exposure cases with symptoms managed at a HCF are followed to a known outcome.

d. Describe the procedure that is followed if external resources/experts are required.

e. Describe the process for locating critical antidotes and assisting with their acquisition throughout the designated service region.

4. Quality assurance

a. Submit and describe the quality management and improvement program. Describe the quality management initiatives since the center's last successful certification.

b. Describe the procedure for internal chart audits performed.

c. Submit a list of all clinical guidelines, including review dates and describe the process of review.

d. Submit the center's satisfaction survey tool and recent caller satisfaction survey results.

e. Describe how the center uses customer complaints to drive its quality initiatives.

f. Describe the center's record retention policy.

5. Public education

   a. Describe how public education is accomplished. Include goals and objectives, programs and activities for target populations.

   b. Describe how the public education is accomplished including a biographical sketch of the individual(s) involved and a job description and any continuing education.

   c. Describe efforts for identifying target populations.
      c.1. Provide a description of the region and populations, including the geographic and age distributions.
      c.2. Describe data-gathering methods used to assess gaps (deficiencies/discrepancies) in the designated service region. This needs assessment may include primary data sources, such as surveys, focus group findings, or key informant interviews, or secondary data sources, such as NPDS data, community health assessments, or census data.
      c.3. Summarize your priority populations and why they were selected.

   d. Submit a list of public education materials and provide a summary of mass media activities.

   e. Provide a list of collaborations with other agencies or poison control centers.

   f. Submit a list of Collaborative Partnerships.

   g. Describe how education programs are impacting your service area. Examples may include:
      g.1. Describe and provide examples of indicators used to measure increased awareness (e.g., change in call volume, survey results, increased website traffic, measured behavior changes).
      g.2. Describe and provide examples of an evaluation tool(s) or method(s) used to assess the impact and effectiveness of your education program(s).
      g.3. Describe and provide examples of process evaluations used to identify potential or actual improvements or modifications in project/program/product improvement.

6. Healthcare provider education

   a. The individual providing the healthcare provider education must be approved by the Medical Director.

   b. Provide a biographical sketch of the healthcare provider education staff.

   c. Describe the healthcare provider education program methods and activities.

   d. Describe the evaluation process and how the results are used to improve programs.

7. Data and surveillance

   a. Describe communication mechanisms used to ensure up-to-date and consistent documentation.

   b. Describe the computerized data collection/medical record program and verify it is the most current version.

   c. Described the manner in which patient case records are stored and retrieved.

   d. Summarize the disaster recovery/back-up procedure for poison center records.

   e. If the center withholds industry-derived human exposure data, indicate the number of industry-derived human exposures that were withheld during the most recent year.

f. Submit an annual report or the following NPDS reports:
   f.1. Call type distribution
   f.2 Distribution of reasons
   f.3. Distribution of outcomes
   f.4. Management site by referral patterns

g. Submit NPDS Fatality Status Report(s).

h. Describe efforts to ensure that consistent, complete, and accurate data are entered and submitted to the NPDS.

i. Describe how your center shares information to meet the needs of local, state, and federal public health entities.

j. Describe how the center routinely monitors the emergence of poisoning hazards and takes specific action to address them. Cite examples.

k. Describe collaboration with local, state, and federal public health entities.

8. Leadership and management

a. Submit a current PCC organization chart.

b. Provide a description of the leadership and administrative structure of the center.

c. Provide job description of all toxicologists (clinical and medical) providing toxicology services.

d. Provide biographical sketch of all toxicologists (clinical and medical).

e. Provide Medical Director's approval of all toxicologists operating within the PCC.

f. Provide verification of current medical licensure.

g. Provide evidence that the Medical Director and all other individuals designated as providers of medical direction have active medical staff privileges at an inpatient facility.

h. Provide verification of clinical and/or medical toxicology board certification for the medical director and any of his/her designee(s).

i. Provide evidence that medical toxicologist(s) or other health care provider(s) are (a) involved in the treatment of poisoned patients and (b) regularly consult with specialists in poison information.

j. Describe how the roles and activities are divided between medical toxicologists and clinical toxicologists.

k. Provide copies of the toxicologist(s) on-call schedule for the most recent 3 months, indicating all persons taking call and designating their qualifications.

l. Provide a copy of the time the medical toxicologist(s) and clinical toxicologist(s) provide clinical supervision at the PCC.

m. Provide a copy of the poison control center's policy regarding conditions under which clinical staff should contact the toxicologist on call to seek assistance with a case or to provide notification of a particular situation or patient, and submit a log of time spent for medical direction (on-site and off-site).

n. Submit log(s) of time spent meeting required hours for medical direction (on-site and off-site).

o. Describe the purpose of a transition plan and/or special circumstances justifying video conferencing or other remote electronic means and demonstrate how the Medical Director interacts and participates in clinic staff activities.

p. Describe the role of individual(s) performing the duties and fulfilling those responsibilities of human resources, budgetary and financial management, accreditation and compliance, employee education, training and staff development, information technology, external relations and other administrative functions.

Source: Miss. Code Ann. §41-3-15

Appendix B attached and authorized under:

Source: Miss. Code Ann. §41-3-15

Appendix B

Table 1 Call Center County Data

Table 1

POISON CONTROL CENTER UTILIZATION IN DESIGNATED SERVICE REGION

CENTER NAME:

EFFECTIVE DATE:

County	Human Exposures	Total Call Volume	Population*	Utilization**
Unknown				
TOTAL				

*Indicate source and year of census data

**Utilization = Number of human exposures x 1000 / population of area served

Source: Miss. Code Ann. §41-3-15

Table 2

DESCRIPTION OF SPECIALISTS IN POISON INFORMATION

CENTER NAME:

EFFECTIVE DATE:

Specialist's Name	Degree or Licensure (ex. RN, DABAT, PharmD	AAPCC Certified SPI* (Y or N)	Year of most recent certification or recertification	Initial date of employment at this PCC	FTE **	Email Address

FINAL DRAFT

* If not certified but eligible, enter the date of initial eligibility for CSPI examination.

** FTE = Full-time equivalent of work effort. 1.0 FTE = 40 hours/week if an hourly wage employee. If on annual salary, 1 FTE = 1 full time person. Enter only the hours worked answering poison-related telephone calls. The work effort and time of qualified public educators or board-certified health professionals qualified and working as SPIs (e.g. fellows) must be included. The three-month staffing schedule should be the basis of or consistent with the FTE data in this table.

Source: Miss. Code Ann. §41-3-15

Table 3

DESCRIPTION OF POISON INFORMATION PROVIDERS

CENTER NAME:

EFFECTIVE DATE:

Provider's Name	Degree, Program, or Licensure	Initial Date of Employment at This PCC	FTE*

*FTE = full-time equivalent of work effort. 1.0 FTE = 40 hours/week if an hourly wage employee. If on annual salary; 1 FTE = 1 full-time person. Enter only the hours worked answering poison-related telephone calls. The work effort and time of any individual meeting the qualifications of a PIP (e.g., students) must be included. The 3-month staffing schedule should be the basis of or consistent with the FTE data in this table.

FINAL DRAFT

Source: Miss. Code Ann. §41-3-15

Table 4

SUMMARY OF SPECIALISTS AND PROVIDERS OF POISON INFORMATION

CENTER NAME:

EFFECTIVE DATE:

Specialists in Poison Information

Center Name	Total Number of FTE as AAPCC-Certified Specialists in Poison Information	Total Number of FTE as Certified and Noncertified Specialists in Poison Information	Percent of Specialists in Poison Information Who are Certified*

* Divide the total number of FTEs for SPIs (CSPI + ABAT) in column 2 by the total number of FTEs for SPIs in column 3 and multiply by 100 to provide the percent of SPIs who are certified (column 4).

Poison Information Providers

Center Name	Total Number of FTE as Poison Information Providers	Total Number of FTE as Certified and Noncertified Specialists in Poison Information and Poison Information Providers	Percent of Poison Information Staff who are Poison Information Providers*

* Divide the total number of FTEs for poison information providers (column 2) by the total FTEs for poison information staff (column 3) and multiply by 100 to provide the percent of poison information staff who are poison information providers (column 4).

FINAL DRAFT

Source: Miss. Code Ann. §41-3-15