

^Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 41 MINIMUM STANDARDS OF OPERATION FOR MISSISSIPPI HOSPITALS

Subchapter 27 FACILITIES

Rule 41.27.3 **Freestanding Emergency Department.** The facility shall be located at least fifteen (15) miles from the nearest hospital-based emergency room. Such facility shall be designed, operated and staffed on a 24 hour basis to assure prompt diagnosis and emergency treatment.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 83 FREESTANDING EMERGENCY DEPARTMENTS

Rule 41.83.1 **Adoption of Regulations and Minimum Standards.** By virtue of authority vested in it by the Mississippi Code Annotated Sections 41-75-1 through 41-75-13, or as otherwise amended, the Mississippi Department of Health does hereby adopt and promulgate the following regulations and standards for Freestanding Emergency Departments (FED).

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.2 **Compliance with Rules, Regulations and Standards.** The FED shall:

1. Comply with all applicable Medicare provider-based regulations. The FED shall comply with all regulations that apply to clinical services and staffing for emergency departments, as set forth in the MSDH Minimum Standards of Operation for Mississippi Hospitals. .
2. Provide data to their Trauma Region and the department's Trauma Registry through participation in the Mississippi Trauma Care System (MTS).

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.3 **Definitions. The definitions specific to the FED are:**

1. **Freestanding Emergency Room.** "Freestanding Emergency Room" is a facility open twenty-four hours a day for the treatment of urgent and emergent medical conditions which is not located on a hospital campus. In order to be eligible for licensure under this chapter, the freestanding emergency room shall be located at least fifteen (15) miles from the nearest hospital-based emergency room in any rural community where the federal

Centers for Medicaid & Medicare Services (CMS) had previously designated a rural hospital as a critical access hospital and that designation has been revoked.

2. **Licensing Agency.** “Licensing agency” means the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.4 **License.** No person or governmental unit shall establish, conduct, or maintain a Freestanding Emergency Department in this state without a license.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.5 **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.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.6 **Licensure and User Fees.** Such fees shall be paid to the licensing agency by electronic payment, business check, certified check or money order. A license shall not be issued to any FED until such fee is received by the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.7 **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 FED 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.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.8 **Renewal of License.** A license, unless suspended or revoked, shall be renewable annually by submitting an application, paying an annual fee and submitting such reports as required by the licensing agency, including annual information reports.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.9 **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.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.10 **Denial or Revocation of a License.** 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.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.11 **Ownership.** There shall be full disclosure of FED ownership and control. Annually, in its application for renewal of an FED License, the facility shall report the name and address of the owner and the name and address of the individual(s) responsible for operation of the FED.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.12 **Change of Ownership.** When change of ownership of a FED is contemplated, the FED 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 and all other documents as required by the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.13 **Governing Authority.** The FED shall have an organized governing body, or designated person(s):

1. That has overall responsibility for the conduct of the FED in a manner consistent with the objective of making available high quality patient care.
2. That shall be the authority in the FED, responsible for the management of the FED and appointment of the medical staff.
3. That shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the FED and the means of fulfilling them,
4. That shall take all reasonable steps to comply with all applicable federal, state and local laws and regulations.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.14 **Staffing and Treatment.** The FED must possess the staff and resources necessary to evaluate all individuals presenting to the emergency department. The FED must follow all requirements of EMTALA in regard to assuring the medical evaluation, stabilization and transfer of a patient found to have an emergency condition. Because of the unscheduled and episodic nature of health emergencies and acute illness, the FED must be staffed with experienced American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certified or board eligible physicians, nursing and

ancillary personnel who must be available 24 hours a day. The FED will also provide treatment for individuals whose health needs are not of an emergent nature, but for whom the FED may be the only accessible or timely entry point into the broader health care system.

1. Each FED shall have patient transfer agreements with an EMS service and with an acute care or trauma hospital with the capability of handling such emergencies and to assure provisions for patient admissions, continued emergency and diagnostic services beyond the capability of the FED, and the safe emergency transport of the patient, when needed.
2. As stated by the American College of Emergency Physicians (ACEP):
 - a. Emergency medical care must be available to all members of the public.
 - b. Access to appropriate emergency medical and nursing care must be unrestricted.
 - c. A smooth continuum should exist among pre-hospital providers, emergency department (ED) providers, and providers of definitive follow-up care.
 - d. Evaluation, management, and treatment of patient must be appropriate and expedient.
 - e. Resources should exist in the ED to accommodate each patient from the time of arrival through evaluation, medical decision making, treatment and disposition.
 - f. FEDs should have policies and plans to provide effective administration, staffing, facility design, equipment, medication and ancillary services.
 - g. The emergency physician, emergency nurse, and additional medical team members must establish effective working relationships with other health care providers and entities with whom they must interact. These include emergency medical services (EMS) providers, ancillary hospital personnel, other physicians, and other health care and social services resources.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.15 **Required Policies.** The FED Emergency Department Policy Sections shall include:

1. Resources and Planning
 - a. Necessary Elements

- i. Administration
- ii. Staffing
- iii. Facility
- iv. Equipment and Supplies
- v. Pharmacologic/Therapeutic Drugs and Agents
- vi. Safety
- vii. Ancillary Services
- viii. Transfer policies and procedures for critical patients
- ix. Electronic Medical Record
- x. Relationships and Responsibilities

2. Core Measures

a. Measure Groups

- i. Median Time from FED Arrival to ED Departure for Discharged Patients
 - ii. Median Time from FED Arrival to Decision to Transfer
 - iii. Median Time from Decision to Transfer to arrival at receiving facility
 - iv. Total lengths of stay and door-to-doctor times
- ### b. Quality/Safety Metrics
- i. FED will be responsible for reporting all categories required
 - ii. Case analysis of EMS patient outliers.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.16 **FED Equipment, Instruments, and Supplies.** The equipment, instruments, and supplies listed below are required in the FED and each of the items should be located in or immediately available to the area noted. This list does not include routine medical/surgical supplies such as adhesive bandages, gauze pads, and suture material, nor does it include routine office items such as paper, desks, paper clips, and chairs.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.17 **Entire FED Department shall include:**

1. Central station monitoring capability
2. Physiological monitors
3. Blood flow detectors
4. Defibrillator with monitor and battery
5. Thermometers
6. Pulse oximetry
7. Nurse-call system for patient use
8. Portable suction regulator
9. Infusion pumps to include blood pumps
10. IV poles
11. Bag-valve-mask respiratory and adult and pediatric size mask
12. Portable oxygen tanks
13. Blood/fluid warmer and tubing
14. Nasogastric suction supplies
15. Nebulizer
16. Gastric lavage supplies, including large-lumen tubes and bite blocks
17. Urinary catheters, including straight catheters, Foley catheters, Coude catheters, filiforms and followers, and appropriate collection equipment
18. Intraosseous needles
19. Lumbar puncture sets (adult and pediatric)
20. Blanket warmer
21. Tonometer
22. Slit lamp
23. Wheel chairs

24. Medication dispensing system with locking capabilities
25. Separately wrapped instruments (specifics will vary by department)
26. Availability of light microscopy for emergency procedures
27. Weight scales (adult and infant)
28. Tape measure
29. Ear irrigation and cerumen removal equipment
30. Vascular Doppler
31. Anoscope
32. Adult and Pediatric "code" cart
33. Suture or minor surgical procedure sets (generic)
34. Portable sonogram equipment
35. EKG machine
36. Point of care testing
37. X-ray view box and hot light
38. Film boxes for holding x-rays
39. Chart Rack
40. Computer system
41. Internet capabilities
42. Patient tracking system
43. Radio or other device for communication with ambulances
44. Patient discharge instruction system
45. Patient registration system/ Information services
46. Intradepartmental staff communication system- pagers, mobile phones
47. ED charting system for physician, nursing, and attending physician documentation equipment
48. Reference materials including toxicology resource information

49. Personal protective equipment- gloves, eye goggles, face mask, gowns, head
50. and foot covers
51. Linen (pillows, towels, wash cloths, gowns, blankets)
52. Patient belongings or clothing bag
53. Security needs -including restraints and wand-type or free standing metal
54. detectors as indicated
55. Equipment for adequate housekeeping

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.18 FED General Examination Rooms shall include:

1. Examination tables or stretchers appropriate to the area.
2. For any area in which seriously ill patients are managed, a stretcher with capability for changes in position, attached IV poles, and a holder for portable oxygen tank should be used.
3. Pelvic tables for GYN examinations.
4. Step stool
5. Chair/stool for emergency staff
6. Seating for family members or visitors
7. Adequate lighting, including procedure lights as indicated
8. Cabinets
9. Adequate sinks for hand-washing, including dispensers for germicidal soap and paper towels.
10. Wall mounted oxygen supplies and equipment, including nasal cannulas, face masks, and venturi masks.
11. Wall mounted suction capability, including both tracheal cannulas and larger cannulas.
12. Wall-mounted or portable otoscope/ophthalmoscope
13. Sphygmomanometer/stethoscope

14. Oral and nasal airways
15. Biohazard-disposal receptacles, including for sharps
16. Garbage receptacles for non-contaminated materials

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.19 **FED Resuscitation Room.** All items listed for general examination rooms plus:

1. Adult and Pediatric "code cart" to include appropriate medication charts
2. Capability for direct communication with nursing station, preferably hands free
3. Radiography equipment
4. Radiographic view boxes and hot light
5. Airways needs
 - a. Big-valve-mask respirator (adult, pediatric, and infant) Cricothyroidotomy instruments and supplies
 - b. Endotracheal tubes, size 2.5 to 8.5 mm
 - c. Fiberoptic laryngoscope
 - d. Laryngoscopes, straight and curved blades and stylets
 - e. Laryngoscopic mirror and supplies
 - f. Laryngeal Mask Airway (LMA)
 - g. Oral and nasal airways
 - h. Tracheostomy instrument and supplies
6. Breathing
 - a. BiPAP Ventilation System
 - b. Closed-chest drainage device
 - c. Chest tube instruments and supplies
 - d. Emergency thoracotomy instruments and supplies
 - e. End-tidal CO₂ monitor¹⁸

- f. Nebulizer
 - g. Peak flow meter
 - h. Pulse oximetry
 - i. Volume cycle ventilator
7. Circulation
- a. Automatic physiological monitor, noninvasive
 - b. Blood/fluid infusion pumps and tubing
 - c. Blood/fluid warmers
 - d. Cardiac compression board
 - e. Central venous catheter setups/kits
 - f. Central venous pressure monitoring equipment
 - g. Cutdown instruments and supplies
 - h. Intraosseous needles
 - i. IV catheters, sets, tubing, poles
 - j. Monitor/defibrillator with pediatric paddles, **internal** paddles, appropriate pads and other supplies Pericardiocentesis instruments
 - k. Temporary external pacemaker
 - l. Transvenous and/or transthoracic pacemaker setup and supplies
 - m. 12-Lead ECG machine

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.20 Trauma and miscellaneous resuscitation shall include:

1. Blood salvage/autotransfusion device
2. Emergency obstetric instruments and supplies
3. Hypothermia thermometer
4. Infant warming equipment

5. Peritoneal lavage instruments and supplies
6. Pneumatic antishock garment, as indicated
7. Spine stabilization equipment to include cervical collars, short and long boards
8. Warming/cooling blanket

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.21 **Other Special Rooms.** All items listed for general examination rooms plus:

1. Orthopedic
 - a. Cast cutter
 - b. Cast and splint application supplies and equipment Cast spreader
 - c. Crutches
 - d. Extremity-splinting devices including traction splinting and fixation pins/wires and corresponding instruments and supplies
 - e. Halo traction or Gardner-Wells/Trippe-Wells traction Radiograph view and hot light
 - f. Suture instrument and supplies
 - g. Traction equipment, including hanging weights and finger traps
2. Eye/ENT
 - a. Eye chart
 - b. Ophthalmic tonometry device (applanation, Schiötz, or other)
 - c. Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light
 - d. Slit lamp
 - e. Ear irrigation and cerumen removal equipment
 - f. Epistaxis instrument and supplies, including balloon posterior packs Frazier suction tips
 - g. Headlight

- h. Laryngoscopic mirror
 - i. Plastic suture instruments and supplies
3. OB-GYN
- a. Fetal Doppler and ultrasound equipment
 - b. Obstetrics/Gynecology examination light
 - c. Vaginal specula in pediatric through adult sizes
 - d. Sexual assault evidence-collection kits (as appropriate)
 - e. Suture material

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.22 Required Pharmacological/Therapeutic drugs for FED. These classes of drugs and agents are required. The medical director of the FED, representatives of the medical staff, and the director of the pharmacy shall develop a formulary of specific agents for use in the FED.

- 1. Analgesics
 - a. narcotic and non-narcotic
- 2. Anesthetics
 - a. topical, infiltrative, general
- 3. Anticonvulsants
- 4. Antidiabetic agents
- 5. Antidotes
- 6. Antihistamines
- 7. Anti-infective agents
 - a. systemic/topical
- 8. Anti-inflammatories
 - a. steroidal/non-steroidal
- 9. Anti-platelets

10. Aspirin
11. Plavix
12. Heparin
13. Bicarbonates
14. Blood Modifiers
15. Anticoagulants to include thrombolytics
16. Anticoagulants
17. Hemostatics
 - a. systemic
 - b. topical
 - c. plasma expanders/ extenders
18. Burn Preparations
19. Cardiovascular agents
 - a. Ace inhibitors
 - b. Adernergic blockers
 - c. Adernergic stimulants
 - d. Alpha/Beta blockers
 - e. Antiarrhythmia agents
 - f. Calcium channel blockers
 - g. Digoxin antagonist
 - h. Diuretics
 - i. Vasodilators
 - j. Vasopressors
20. Cholinesterase Inhibitors
21. Diagnostic agents

- a. Blood contents
 - b. Stool contents
 - c. Testing for myasthenia gravis
 - d. Urine contents
22. Electrolytes
- a. Cation exchange resin
 - b. Electrolyte replacements, parenteral and oral
 - c. Fluid replacement solutions
23. Gastrointestinal agents
- a. Antacids
 - b. Anti-diarrheals
 - c. Emetics and Anti-emetics
 - d. Anti-flatulent
 - e. Anti-spasmodics
 - f. Bowel evacuants/laxatives
 - g. Histamine receptor antagonists
 - h. Proton pump inhibitors
24. Glucose elevating agents
25. Hormonal agents
26. Hypocalcemia and hypercalcemia management agents
27. Lubricants
28. Migraine preparations
29. Muscle relaxants
30. Narcotic antagonist
31. Nasal preparation

32. Ophthalmologic preparations
33. Otic preparations
34. Oxytocics
35. Pain Medications
36. Psychotherapeutic agents
37. Respiratory agents
 - a. Antitussives
 - b. Brochodilators
 - c. Decongestants
 - d. Leukotriene antagonist
38. Rho(D) immune globulin
39. Salicylates
40. Sedatives and Hypnotics
41. Thrombolytics
42. Vaccinations
43. Vitamins and minerals

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.23 **Radiologic, Imaging, and Other Diagnostic Services.** The specific services available and the timeliness of availability of these services for emergency patients in FED should be determined by the medical director of the FED in collaboration with the directors of the diagnostic services and other appropriate individuals.

1. The following should be readily available 24 hours a day for emergency patients:
 - a. Standard radiologic studies of bony and soft-tissue structures including, but not limited to:
 - i. Cross-table lateral views of spine with full series to follow

- ii. Portable chest radiographs for acutely ill patients and for verification of placement of endotracheal tube, central line, or chest tube
 - iii. Soft-tissue views of the neck
 - iv. Soft-tissue views of subcutaneous tissues to rule out the presence of foreign body
 - v. Standard chest radiographs, abdominal series, etc
 - b. Pulmonary services
 - i. Arterial blood gas determination
 - ii. Peak flow determination
 - iii. Pulse oximetry
 - c. Fetal monitoring (nonstress test)/uterine monitoring
 - d. Cardiovascular services
 - i. Doppler studies
 - ii. 12-Lead ECGs and rhythm strips
 - e. Emergency ultrasound services for the diagnosis of obstetric/gynecologic, cardiac and hemodynamic problems and other urgent conditions.
- 2. The following services shall be available on an urgent basis. Such may be provided by on duty staff or on call staff available to respond within a reasonable period of time:
 - a. Nuclear medicine
 - i. Ventilation-perfusion lungs scans
 - ii. Other scintigraphy for trauma and other conditions
 - b. Radiographic
 - i. Arteriography/venography
 - ii. Computed tomography
 - iii. Dye-contrast studies (intravenous pyelography, gastrointestinal contrast, etc)

- c. Vascular/flow studies including impedance plethysmography

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.24 Required Laboratory Capabilities. The medical director of the FED and the director of laboratory services shall develop guidelines for availability and timeliness of services for the FED. The following laboratory capabilities are required for the FED. This list may not be comprehensive or complete.

1. Blood bank
 - a. Bank products availability
 - b. Type and cross-matching capabilities
2. Chemistry
 - a. Ammonia
 - b. Amylase
 - c. Anticonvulsant and other therapeutic drug levels
 - d. Arterial blood gases
 - e. Bilirubin (total and direct)
 - f. Calcium
 - g. Carboxyhemoglobin
 - h. Cardiac isoenzymes (including creatine kinase- MB)
 - i. Chloride (blood and cerebrospinal fluid [CSF])
 - j. Creatinine
 - k. Electrolytes
 - l. Ethanol
 - m. Glucose (blood and CSF)
 - n. Liver-function enzymes (ALT, AST, alkaline phosphatase)
 - o. Methemoglobin
 - p. Osmolality

- q. Protein (CSF)
 - r. Serum magnesium
 - s. Urea nitrogen
3. Hematology
- a. Cell count and differential (blood, CSF, and joint fluid analysis)
 - b. Coagulation studies
 - c. Erythrocyte sedimentation rate
 - d. Platelet count
 - e. Reticulocyte count
 - f. Sickle cell prep
4. Microbiology
- a. Acid fast smear/staining
 - b. Chlamydia testing
 - c. Counter immune electrophoresis for bacterial identification
 - d. Gram staining and culture/sensitivities
 - e. Herpes testing
 - f. Strep screening
 - g. Viral culture
 - h. Wright stain
5. Other
- a. Hepatitis screening
 - b. HIV screening
 - c. Prothrombin Time (PT)/International Normalized Ratio (INR), Partial Thromboplastin Time (PTT)
 - i. D-dimer

- d. Joint fluid and CSF analysis
- e. Toxicology screening and drug levels
- f. Urinalysis
- g. Mononucleosis spot
- h. Serology (syphilis, recombinant, immunoassay)
- i. Pregnancy testing (qualitative and quantitative)

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.25 **Transfer of Unstable Patients from FED to Acute Care Hospital.** Once the patient is determined to require a higher level of care than can be provided at the FED, the physician shall immediately contact the designated EMS for transport. If the EMS is based on site the transport team will be notified immediately. The physician will stabilize the emergency medical condition and determine the transfer destination based on the specialized capabilities of facilities that are offered at local hospitals. The FED facility will implement all procedures and protocols for acutely ill patients before departure from the FED. Such conditions would include, but not be limited to, STEMI, acute ischemic stroke and cardiac arrests. All electronic medical records and any diagnostic test results will be transported with the patient to the receiving facility. Should a patient meeting trauma system activation requirements arrive at the FED, the FED will transfer the patient in accordance with the federal EMTALA regulations and the State Trauma Plan.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.26 **Medical records/organization.** The FED 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 FED.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.27 **Confidentiality.** Medical records shall be kept confidential and only authorized personnel shall have access to the records.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.28 **Consent.** 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.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.29 **Access to records.** Medical records shall not be removed from the FED environment except upon subpoena or patient's written consent.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.30 **Preservation.** Medical 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.

SOURCE: Miss. Code Ann. 41-75-13