Chapter 449 of NAC

LCB File No. E001-08

ADOPTED EMERGENCY REGULATION OF THE STATE BOARD OF HEALTH

(Effective for 120 days from March 6, 2008)

The Bureau of Licensure and Certification within the Health Division is requesting approval to amend regulations for Chapter 449 Surgical Center for Ambulatory Patients (ASC) in response to deficiencies identified in the administration of anesthesia medication during a diagnostic or surgical procedure, and the unsafe injection practices causing a significant detriment to the public health and safety.

Endoscopy Center of Southern Nevada was identified by the Bureau of Licensure and Certification staff as administering single dose medications to multiple patients, an unsafe practice. The Southern Nevada Health District also identified the re-use of syringes. A total of six cases of Hepatitis C have been identified, five of the cases had procedures requiring injected anesthesia on the same day.

Desert Shadow Endoscopy Center was also administering single dose vials of anesthesia medication on multiple patients.

At the Gastrointestinal Diagnostic Center, a separately owned facility, an immediate jeopardy situation was identified as a result of an anesthesiologist reusing syringes to administer medications to multiple patients and the use of single dose medication vials for multiple patients. These were all potential sources of contamination between patients.

These additional regulations will provide specific requirements to surgical centers for ambulatory patients to follow to ensure the safe delivery of medications and to establish effective programs for infection control.

Proposed Regulation Amendments:

NAC 449.9812 Program for quality assurance. (NRS 449.037**)**

1. The administrator of an ambulatory surgical center shall establish a program for quality assurance for the center.

2. The program for quality assurance must include, without limitation:

(a) Periodic reviews of the clinical responsibilities and authority of the members of the staff.

(b) Periodic evaluations of members of the staff that are conducted by their peers.

(c) Procedures for the supervision of the professional and technical activities of the members of the staff.

(d) Periodic evaluations that are conducted to determine whether the clinical and administrative policies of the center are cost-effective. The evaluations required by this paragraph must not be limited to the cost-effectiveness of the administrative policies of the center.

(e) Procedures for identifying and correcting any problems or concerns that provide an opportunity for all members of the staff who are health care practitioners to participate in the program for quality assurance.

(f) Techniques for self-assessment that are required to be used by the members of the staff and provide for an examination of the manner in which care has been, is and will be provided and the quality of the care provided.

(g) Procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized concerns, and for assessing the frequency, severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing:

(1) The clinical performances of members of the staff who are health care practitioners;

(2) The standards used for the maintenance of medical records;

(3) The procedures used to control the quality of radiological, pathological, laboratory and pharmaceutical services provided by the center;

(4) The procedures used to control the quality of other professional and technical services provided by the center;

(5) The care and services provided by the extended recovery unit, if such a unit is operated by the center;

(6) The procedures used to control infection; and

(7) The satisfaction of patients who have been treated at the center.

(h) The maintenance of a record of all fires and deaths that have occurred at the center and the transfer of all patients from the center to a hospital.

(i) Procedures for assessing any actions taken to correct identified problems or concerns and for determining whether the actions taken have achieved or sustained the desired result and, if not, why not.

3. The members of the professional and administrative staffs of the center shall:

(a) Understand, support and participate in the program for quality assurance; and

(b) Participate in the resolution of any problems and concerns identified pursuant to the procedures required by subsection 2.

4. The members of the staff who are health care practitioners shall participate in the development and application of the criteria used to evaluate the care provided at the center and the evaluation of any problems and concerns identified pursuant to the procedures required by subsection 2.

5. The facility shall establish and maintain an infection control program designed in accordance with acceptable standards of practice to prevent the development and transmission of disease and infection.

~~[5]~~ ***6***. Activities conducted pursuant to the program for quality assurance must be reported to the appropriate members of the staff and to the governing body. The administrator of the center shall establish procedures for carrying out any recommendations of the governing body.

~~[6.]~~ ***7.*** As used in this section, "health care practitioner" means a person who is licensed or certified to provide health care services in this State, including, without limitation, a physician, dentist, podiatrist, and registered or licensed practical nurse.

NAC 449.990 Medication and treatment. (NRS 449.037**)**

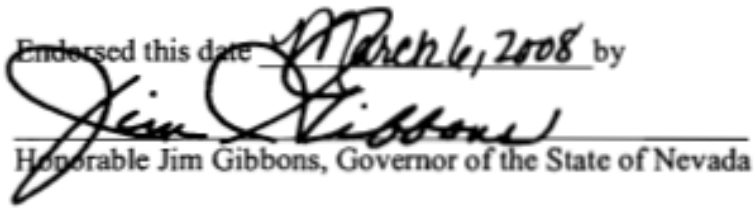
1. Any medication or treatment may be given only upon the written or oral order of a person lawfully authorized to prescribe that medication or treatment. This order must be authenticated by the prescriber and the person administering the medication. An oral order must be recorded and authenticated within 24 hours after it is made.
2. Medications prepared by one nurse may not be administered by another nurse.
3. At the time the medication is administered, the patient must be identified and the medication must be identified as being ordered for that patient and recorded in the medical record of the patient.
4. ***The facility shall provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice and following manufacturer's instructions.***
5. ***Drugs must be prepared and administered according to established policies, acceptable standards of practice and manufacturers instructions.***

~~[4.]~~ ***6.*** Records must be maintained for any substance listed as a schedule II controlled substance pursuant to chapter 453 of NRS. Any such record must indicate the name of the patient, the name of the prescriber, the name of the controlled substance, the strength and dose administered, and the balance of the controlled substance remaining. A count must be made of all such controlled substances at the change of each nursing shift by a nurse from each shift. The count must be authenticated by both nurses.

~~[5.]~~ ***7.*** Transfusions of blood or intravenous medications may be administered only by persons who have been specially trained and are authorized for that duty. An ambulatory surgical center shall adopt policies and procedures for the administration of blood.

~~[6.]~~ ***8.*** Any suspected adverse reaction to a transfusion or medication must be reported by members of the nursing staff to the physician attending the patient. The nursing staff shall note the reaction in the medical record of the patient. Any suspected reaction to a transfusion must also be reported to the service that furnished the blood.

Endorsed this date March 6, 2008 by



Honorable Jim Gibbons, Governor of the State of Nevada

INFORMATIONAL STATEMENT

1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

No public comment was solicited as these are emergency regulation amendments.

2. THE NUMBER OF PERSONS WHO:

(A) ATTENDED THE HEARING;

There was no hearing.

(B) TESTIFIED AT EACH HEARING; AND

There was no hearing.

(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

None.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

No small business impact summary was submitted.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

The Governor's Office has endorsed the following proposed regulation amendments:

NAC 449.9812 Program for quality assurance. (NRS 449.037**)**

5. The facility shall establish and maintain an infection control program designed in accordance with acceptable standards of practice to prevent the development and transmission of disease and infection.

~~[5]~~ ***6***. Activities conducted pursuant to the program for quality assurance must be reported to the appropriate members of the staff and to the governing body. The administrator of the center shall establish procedures for carrying out any recommendations of the governing body.

~~[6]~~ ***7***. As used in this section, "health care practitioner" means a person who is licensed or certified to provide health care services in this State, including, without limitation, a physician, dentist, podiatrist, and registered or licensed practical nurse.

NAC 449.990 Medication and treatment. (NRS 449.037**)**

4. The facility shall provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice and following manufacturer's instructions.

5. Drugs must be prepared and administered according to established policies, acceptable standards of practice and manufacturers instructions.

~~[4.]~~ ***6***. Records must be maintained for any substance listed as a schedule II controlled substance pursuant to chapter 453 of NRS. Any such record must indicate the name of the patient, the name of the prescriber, the name of the controlled substance, the strength and dose administered, and the balance of the controlled substance remaining. A count must be made of all such controlled substances at the change of each nursing shift by a nurse from each shift. The count must be authenticated by both nurses.

~~[5]~~. ***7.*** Transfusions of blood or intravenous medications may be administered only by persons who have been specially trained and are authorized for that duty. An ambulatory surgical center shall adopt policies and procedures for the administration of blood.

~~[6.]~~ ***8.*** Any suspected adverse reaction to a transfusion or medication must be reported by members of the nursing staff to the physician attending the patient. The nursing staff shall note the reaction in the medical record of the patient. Any suspected reaction to a transfusion must also be reported to the service that furnished the blood.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

(A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND

There are no adverse effects on Surgical Centers for Ambulatory Patients. There are no adverse effects on the public.

These additional regulations will provide specific requirements to ambulatory surgery centers to follow to ensure the safe delivery of medications and to establish effective programs for infection control.

(B) BOTH IMMEDIATE AND LONG TERM EFFECTS.

The immediate effects would be for Surgical Center for Ambulatory Patients to implement systems for establishing and maintaining medications in a safe manner to patients. The immediate effects on the public will be to protect patient safety.

Same as above for long term effects on the business and public.

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There is no anticipated additional cost to the agency for enforcement of the proposed regulation changes.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, NAME THE REGULATING FEDERAL AGENCY.

There is no duplication or overlap of other state or local government agency's regulations.

8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.

These proposed regulations do not overlap or duplicate federal regulations. The regulations do have a counterpart in the code of federal regulations. The additional requirements are:

4. ***The facility shall provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice and following manufacturer's instructions.***
5. ***Drugs must be prepared and administered according to established policies, acceptable standards of practice and manufacturers instructions.***

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

These amendments do not establish new fees.

10. IS THE PROPOSED REGULATION LIKELY TO IMPOSE A DIRECT AND SIGNIFICANT ECONOMIC BURDEN UPON A SMALL BUSINESS OR DIRECTLY RESTRICT THE FORMATION, OPERATION OR EXPANSION OF A SMALL BUSINESS? WHAT METHODS DID THE AGENCY USE IN DETERMINING THE IMPACT OF THE REGULATION ON A SMALL BUSINESS?

These regulations impose no economic burden.