

**ADOPTED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R049-99

Effective September 27, 1999

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: NRS 449.037.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 12, inclusive, of this regulation.

Sec. 2. *“Physician” means a person who is licensed to practice medicine pursuant to chapter 630 of NRS or to practice osteopathic medicine pursuant to chapter 633 of NRS.*

Sec. 3. *“Registered nurse” means a person who is licensed to practice professional nursing pursuant to chapter 632 of NRS.*

Sec. 4. *“Surgery” means the treatment of a human being by a physician using one or more of the following procedures:*

1. Cutting into any part of the body using a scalpel, electrocautery or any other means for diagnosis or the removal or repair of diseased or damaged tissue, organs, tumors or foreign bodies.

2. The reduction of a fracture or the dislocation of a bone, joint or bony structure.

3. The repair of a malformation of the body resulting from an injury, a birth defect or another cause, that requires cutting and manipulation or a suture.

4. *An instrumentation of the uterine cavity of a woman for diagnostic or therapeutic purposes, including the procedure commonly known as dilation and curettage.*

5. *Any instrumentation of, or injection of a substance into, the uterine cavity of a woman to terminate a pregnancy.*

6. *Any procedure to sterilize a human being.*

7. *An endoscopic procedure.*

8. *A laproscopic procedure.*

Sec. 5. 1. *An ambulatory surgical center:*

(a) *May be operated only for the purpose of providing surgical services to patients who do not require care for more than 24 hours.*

(b) *Except as otherwise provided in subsection 2, may not be operated in:*

(1) *Conjunction with any other medical facility; or*

(2) *A common area with any other medical facility during its hours of operation.*

2. *The provisions of subsection 1 do not prohibit an ambulatory surgical center from:*

(a) *Being located in the same building as a physician's office or clinic if the center is physically separated from the office or clinic by at least one fire wall that is rated to withstand a fire for at least 1 hour.*

(b) *Sharing a lobby with another medical facility.*

3. *The records of an ambulatory surgical center must be maintained separately from the records of any other medical facility.*

Sec. 6. 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. 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. 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.

Sec. 7. 1. The governing body shall establish a committee for quality assurance.

2. The committee must be composed of members of the staff who represent the various clinical and medical services provided by the center.

3. The committee shall carry out the program for quality assurance established pursuant to section 6 of this regulation.

Sec. 8. 1. The governing body shall:

(a) Adopt criteria for granting privileges to members of the medical staff based upon the size and complexity of the services provided by the center.

(b) Ensure that an application to be accorded privileges or for the renewal of those privileges is processed in an expeditious manner.

(c) Adopt procedures for verifying information contained in an application to be accorded privileges or for the renewal of those privileges. The procedures may include a requirement for the applicant to sign a statement granting immunity from liability to the center for actions taken to verify the information and attesting to the accuracy and completeness of the information contained in the application.

2. The procedures for granting privileges to members of the medical staff must be approved by the governing body.

3. An application to be accorded privileges at an ambulatory surgical center must include, without limitation:

(a) Information related to the educational and professional training of the applicant;

(b) An evaluation conducted by the applicant's peers concerning the quality of care provided by the applicant;

(c) Evidence that the applicant is licensed or certified to provide in this state the professional services for which the privileges are being requested;

(d) Evidence of any license required to be obtained by the applicant from the Drug Enforcement Administration;

(e) A description or list of the privileges being requested;

(f) Information obtained from the National Practitioner Data Bank as may be required by federal law; and

(g) Such other information as may be required by the governing body, including, without limitation, information relating to:

(1) Any claims filed against the applicant for professional liability;

(2) The revocation, suspension or voluntary relinquishment of the applicant's license or certification to practice in this state, any other disciplinary action that has been taken against the applicant in his professional capacity and any limitations or conditions placed on the applicant's license or certification to practice in this state;

(3) Complaints or reports of any adverse action filed against the applicant with a local, state or national professional society or occupational board;

(4) Insurance for professional liability maintained by the applicant, including any circumstance under which an insurer has refused to issue such insurance to the applicant or cancelled the applicant's insurance;

(5) The denial, suspension, limitation, termination or refusal to renew privileges accorded to the applicant at another medical facility;

(6) The suspension or revocation of a license issued to the applicant by the Drug Enforcement Administration;

(7) Any conviction for a criminal offense, other than a minor traffic violation; and

(8) Any physical or mental condition of the applicant that would interfere with his ability to provide professional services, including alcohol or drug abuse.

4. A member of the medical staff who is applying for the renewal of his privileges must provide evidence that he is in compliance with the provisions of subsection 3 on the date of the application.

5. The ambulatory surgical center shall maintain a record of the privileges accorded to each member of the medical staff of the center. The record must include, without limitation:

(a) The application to be accorded privileges at the center;

(b) Each application for the renewal of those privileges;

(c) Evidence of the verification of the information contained in the applications;

(d) The privileges granted; and

(e) Such other information as may be required by the governing body.

6. Privileges accorded to a member of the medical staff must be:

(a) Consistent with his professional experience and authorized scope of practice;

(b) For a limited time as specified by the governing body or a person or committee designated by the governing body; and

(c) Be reviewed periodically and revised as appropriate.

Sec. 9. 1. The state board of health hereby adopts by reference:

(a) NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the board gives notice that the most recent revision is not suitable for this state pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at (800) 344-3555, for the price of \$42.00 for members or \$46.75 for nonmembers, plus \$5.95 for shipping and handling.

(b) NFPA 99: Standard for Health Care Facilities, in the form most recently published by the National Fire Protection Association, unless the board gives notice that the most recent revision is not suitable for this state pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at (800) 344-3555, for the price of \$33.50 for members or \$37.25 for nonmembers, plus \$5.95 for shipping and handling.

(c) Guidelines for Design and Construction of Hospital and Healthcare Facilities, in the form most recently published by the American Institute of Architects, unless the board gives notice that the most recent revision is not suitable for this state pursuant to subsection 2. A copy of the guidelines may be obtained from the AIA Rizzoli Bookstore, 1735 New York Avenue, N.W., Washington, D.C. 20006, or by telephone at (888) 272-4115, for the price of \$60, plus \$5 for shipping and handling.

(c) Standard 9.5F2, governing the construction of rooms for the use of lasers, in the form most recently published by the American Institute of Architects, unless the board gives notice that the most recent revision is not suitable for this state pursuant to subsection 2. A copy of the standard may be obtained from the AIA Rizzoli Bookstore, 1735 New York Avenue, N.W., Washington, D.C. 20006, or by telephone at (888) 272-4115, for the price of \$60, plus \$5 for shipping and handling.

2. The state board of health shall review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for the state. If the board determines that the revision is not suitable for this state, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the board does not revise its determination, the board will give notice that the revision is not suitable for this state within 30 days after the hearing. If the board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 10. 1. Except as otherwise provided in this section:

(a) An ambulatory surgical center shall comply with the provisions of the NFPA 101: Life Safety Code, adopted by reference pursuant to section 9 of this regulation.

(b) Any construction or remodeling of an ambulatory surgical center must comply with Guidelines for Design and Construction of Hospital and Healthcare Facilities, adopted by reference pursuant to section 9 of this regulation:

(1) Except for section 1.2 of the introduction to the guidelines governing renovations;

(2) Unless the remodeling is limited to refurbishing an area within the center, including, without limitation, painting the area, replacing flooring, repairing windows, or replacing window or wall coverings; and

(3) Except for those provisions of the guidelines related to rooms for the use of lasers.

(c) Any construction or remodeling of a room for the use of lasers in an ambulatory surgical center must comply with the provisions of Standard 9.5F2 of the American Institute of Architects, adopted by reference pursuant to section 9 of this regulation.

2. An ambulatory surgical center shall be deemed to be in compliance with the provisions of subsection 1 if:

(a) The center is licensed on February 1, 1999, the use of the physical space in the center is not changed and there are no deficiencies in the construction of the center that are likely to cause serious injury, harm or impairment to the public health and welfare; or

(b) The center has submitted building plans to the bureau before February 1, 1999, and:

(1) The bureau determines that the plans comply with standards for construction in effect before December 11, 1998;

(2) The center is constructed in accordance with those standards;

(3) Construction of the center is begun before August 1, 1999; and

(4) There are no deficiencies in the construction of the center that are likely to cause serious injury, harm or impairment to the public health and welfare.

3. An ambulatory surgical center shall comply with all applicable:

(a) Federal and state laws;

(b) Local ordinances, including, without limitation, zoning ordinances; and

(c) Life safety, environmental, health, building and fire codes.

If there is a difference between state and local requirements, the more stringent requirements apply.

4. An ambulatory surgical center may submit building plans for new construction or remodeling to the bureau pursuant to NAC 449.0165. The bureau's review of those plans is advisory only and does not constitute approval for the licensing of the center. The bureau shall not approve a center for licensure until all construction is completed and a survey is conducted at the site of the center.

Sec. 11. 1. *An ambulatory surgical center may operate an extended recovery unit.*

2. An extended recovery unit must:

(a) Be located in an area of the center that is separate from the other operations of the center;

(b) Provide audio and visual privacy for each patient in the unit;

(c) Be supervised by at least one physician who is recommended for the position by the members of the medical staff and approved by the governing body;

(d) Have at least one physician on the premises or immediately available by telephone at all times when there is a patient in the unit;

(e) Except as otherwise provided in paragraph (f), have at least one nurse who is trained in advanced cardiac life support on duty for every two patients in the unit;

(f) Have at least two nurses who are trained in advanced cardiac life support on duty at all times when there is a patient in the unit;

(g) Be equipped with:

(1) A system for making emergency calls;

(2) Oxygen;

(3) A cardiac defibrillator;

(4) A manual breathing bag;

(5) Suction equipment; and

(6) Such other emergency equipment as is needed to provide care to patients in the unit.

3. A patient must be admitted and discharged from an extended recovery unit only upon the order of the physician of record. If a patient is admitted to the unit, the time he remains in the unit for treatment, when added to the time he remains in any other area of the ambulatory surgical center for treatment, may not exceed 23 hours and 59 minutes.

4. The center shall adopt policies and procedures for the extended recovery unit that include, without limitation:

(a) Clinical criteria for determining a patient's eligibility for admission into the unit;

(b) Clinical criteria for determining a patient's eligibility for being discharged from the unit;

(c) Procedures for providing emergency services; and

(d) Procedures for transferring a patient in need of other health care services.

5. An ambulatory surgical center shall provide food to meet the needs of patients in an extended recovery unit. A patient on a special diet must be served food that conforms to the patient's prescribed diet. If the food is prepared by the center, the center shall:

(a) Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; and

(b) Obtain such permits as are necessary from the bureau of health protection services of the health division of the department of human resources to prepare the food.

Sec. 12. 1. An ambulatory surgical center must be equipped with:

- (a) A cardiac defibrillator;*
- (b) A tracheostomy set; and*
- (c) Such other emergency medical equipment and supplies as are specified by the members of the medical staff.*

2. A person trained in the use of emergency equipment and in cardiopulmonary resuscitation must be on the premises of the ambulatory surgical center and immediately available at all times when there is a patient in the center. As used in this subsection, “immediately available” means that the person is sufficiently free from other duties to be able to respond rapidly to an emergency.

Sec. 13. NAC 449.971 is hereby amended to read as follows:

449.971 As used in NAC 449.971 to ~~449.9975,~~ **449.997**, inclusive, *and sections 2 to 12, inclusive, of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.9715 to 449.974, inclusive, *and sections 2, 3 and 4 of this regulation*, have the meanings ascribed to them in those sections.

Sec. 14. NAC 449.9735 is hereby amended to read as follows:

449.9735 ”Licensee” means the person or public agency that is licensed by the division in accordance with the provisions of NRS 449.001 to 449.240, inclusive, ~~and~~ NAC 449.971 to ~~449.9975, inclusive,~~ **449.997**, inclusive, *and sections 2 to 12, inclusive, of this regulation.*

Sec. 15. NAC 449.9745 is hereby amended to read as follows:

449.9745 The operator of an ambulatory surgical center ~~will~~ **shall** be deemed by the division to have complied with the requirements for licensing contained in NAC 449.971 to ~~449.9975,~~ **449.997**, inclusive, *and sections 2 to 12, inclusive, of this regulation*, if:

1. The center is currently accredited by the Joint Commission on Accreditation of Health Care Organizations, the Accreditation Association for Ambulatory Health Care or ~~[, if only plastic surgery is performed at the center,]~~ the American Association for Accreditation ~~[of Ambulatory Plastic]~~ *for Ambulatory* Surgery Facilities;
2. The operator provides the division with evidence of the accreditation; and
3. The standards for accreditation applied by the accrediting organization are at least as stringent as the requirements of NAC 449.971 to ~~[449.9975, inclusive.]~~ *449.997, inclusive, and sections 2 to 12, inclusive, of this regulation.*

Sec. 16. NAC 449.9785 is hereby amended to read as follows:

449.9785 During the term of his license, the licensee shall continuously maintain the ambulatory surgical center in conformance with the provisions of NAC 449.971 to ~~[449.9975, inclusive.]~~ *449.997, inclusive, and sections 2 to 12, inclusive, of this regulation.* Any violation of these provisions may result in the suspension or revocation of the license.

Sec. 17. NAC 449.980 is hereby amended to read as follows:

449.980 The governing body shall ensure that:

1. Each patient of the center is under the care of a physician . ~~[;]~~
2. Each patient admitted to the center receives a ~~[physical examination from]~~ *presurgical evaluation conducted by* a physician ~~[;]~~ *within the 7 days immediately preceding the date of his surgery.*
3. A physician is on ~~[duty]~~ *the premises of the ambulatory surgical center* and immediately available at all times when there are patients in the *operating rooms or the recovery room of the center .* ~~[;]~~ *As used in this subsection, “immediately available” means the physician is sufficiently free from other duties to be able to respond rapidly to an emergency.*

4. An annual operating budget and a plan for capital expenditures are established . ~~{;}~~
5. The center is adequately staffed and equipped . ~~{;}~~
6. There is documentation in the files of the center of the qualifications of all ~~{consultants}~~

persons under contract with the center . ~~{; and~~

~~—7. Each department or service at the}~~

*7. The center adopts, enforces and annually reviews written policies and procedures ~~{;}~~ required by NAC 449.971 to 449.997, inclusive, and sections 1 to 12, inclusive of this regulation, including an organizational chart. These *policies and procedures* must ~~{be}~~ :*

*(a) Be approved **annually** by the governing body.*

(b) Provide that a surgical procedure may be performed on a patient only with the consent of the patient or his legal representative, except in an emergency.

(c) Include procedures for the isolation or immediate transfer of a patient with a communicable disease.

(d) Include procedures for the periodic review and amendment, as deemed appropriate, of the scope of the procedures performed at the center.

Sec. 18. NAC 449.981 is hereby amended to read as follows:

449.981 1. The governing body shall appoint a qualified administrator for the center ~~{. The governing body shall use as its criteria for the selection the actual experience of the administrator in management or graduate work in the administration of health care.}~~ *who is responsible to the governing board for the performance of his duties.*

2. The administrator must:

(a) Be at least 21 years of age;

(b) Possess one of the following qualifications:

- (1) Be a physician;*
- (2) Be a registered nurse;*
- (3) Have a bachelors or postgraduate degree in administration or a field related to health care; or*
- (4) Have at least 1 year of administrative experience in a health care setting;*
- (c) Have experience in the administration and supervision of personnel; and*
- (d) Possess such knowledge of the practice of medicine as to enable him to be conversant in surgical protocols.*

3. The governing body shall develop and maintain a written job description for the administrator that includes the duties and responsibilities of the administrator. The job description must be made available for review upon the request of the division.

- 4. The administrator is responsible for:*
- (a) The daily operation of the center;*
 - (b) Serving, along with any committee appointed for the purpose, as a liaison between the governing body, the **members of the** medical staff and all the departments of the center;*
 - (c) Reporting the pertinent activities concerning the center to the governing body at regular intervals; **and***
 - (d) Appointing a person responsible for the center in his absence . ~~[-; and~~*
 - ~~*(e) Planning for the services provided by the center and the operation of the center.]*~~ ***The person so appointed must possess the same qualifications as are required of the administrator.***

5. The administrator shall:

- (a) Ensure that the center complies with all applicable federal and state laws and local ordinances and the policies and procedures approved by the governing body;*

- (b) Annually develop, evaluate, revise and carry out policies and procedures for the center;*
- (c) Ensure that there is an adequate number of qualified and competent members of the staff to provide for the needs of the patients at the center;*
- (d) Develop and maintain a clear and complete job description for each member of the staff;*
- (e) Review each incident or accident report filed with the administrator, take appropriate action in response thereto and maintain a record of the action taken;*
- (f) Enter into contracts with such persons as are necessary to obtain any services required by the center; and*
- (g) Establish a program for quality assurance as required by section 6 of this regulation.*

Sec. 19. NAC 449.9815 is hereby amended to read as follows:

449.9815 The administrator shall ensure that the person in charge of maintenance at the center:

1. Has a written program of maintenance of all of the equipment used at the center.
2. Has written service contracts with vendors ~~[to]~~ *that require the inspection and* repair of equipment as needed.
3. *Maintains written records of the inspections of the equipment used at the center.*
4. Keeps the temperature in the center at a comfortable level.

Sec. 20. NAC 449.982 is hereby amended to read as follows:

449.982 The administrator shall ensure that the sanitation and housekeeping staff of the center:

1. Maintains a *clean and* sanitary environment in the center with particular regard for:
 - (a) ~~[Areas for the isolation of patients with communicable diseases;~~

~~—(b)]~~ The sanitary disposal of pathological and infectious waste;

~~[(e)]~~ *(b)* Methods for handling contaminated linen ~~]; and~~

~~—(d)]~~ *or substitutes for linen; and*

(c) An effective program to control pests.

2. Keeps the center free of offensive odors, dirt and hazards.

3. Has suitable equipment and supplies for the routine cleaning of all surfaces in the center and keeps the equipment in a sanitary condition.

4. Uses methods of cleaning that minimize the spread of pathogenic organisms.

5. Cleans all floors in the center on a daily basis.

6. Maintains all toilet facilities and storage areas in a sanitary and orderly manner ~~];~~ *on a daily basis.*

Sec. 21. NAC 449.9825 is hereby amended to read as follows:

449.9825 The administrator shall ensure that the center has adequate emergency electrical power ~~];~~

~~—1. By procuring batteries, or an electricity producing generator with sufficient fuel, capable of providing power to all lights and electrical equipment in the center for not less than 2 hours.~~

~~—2. By having the source of emergency power serviced on a regular basis and keeping records of maintenance.]~~ *in accordance with NFPA 99: Standard for Health Care Facilities, adopted by reference pursuant to section 9 of this regulation.*

Sec. 22. NAC 449.983 is hereby amended to read as follows:

449.983 *1.* The administrator shall ensure that the center, *members of the* staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the *members of the* staff and patients in the case of any such

incident. This plan must be approved by the governing body and the local fire department and must include provisions for:

~~[1.]~~ (a) Evacuation routes and procedures that are posted in the center.

~~[2.]~~ (b) The assignment of personnel to specific tasks and responsibilities.

~~[3.]~~ (c) Instruction on the use of alarm stations and the location of signals.

~~[4.]~~ (d) Instruction concerning methods of containing a fire.

~~[5.]~~ (e) Procedures for the notification of appropriate persons.

~~[6.]~~ (f) The location of equipment for fighting fires.

~~[7.]~~ (g) The conduct of fire drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill.

~~[8.]~~ (h) The maintenance of records showing that all employees have been trained in the execution of the plan at the beginning of their employment and annually thereafter.

~~[9.]~~ (i) A rehearsal and a review of the plan at least once each year with a separate rehearsal for ~~[bomb threats.]~~ *other disasters at least once each year.* A written report and evaluation of each rehearsal must be on file.

2. An ambulatory surgical center must be equipped with an automatic sprinkler system that is in good working condition and is approved by the state fire marshal.

Sec. 23. NAC 449.9835 is hereby amended to read as follows:

449.9835 1. If a licensee is a physician operator, the ambulatory surgical center operated by the licensee is not required to have a governing body or an administrator. In such a case, in the absence of a governing body or an administrator, the ~~[licensee]~~ *physician operator* is responsible for complying with all the provisions of NAC 449.971 to ~~[449.9975, inclusive.]~~ *449.997, inclusive, and sections 2 to 12, inclusive, of this regulation.*

2. As used in this section, “physician operator” means ~~any physician or group of physicians~~ *a physician, a podiatric physician licensed pursuant to chapter 635 of NRS or a dentist licensed pursuant to chapter 631 of NRS who is* operating an ambulatory surgical center for the purpose of performing surgery only upon his ~~or their own~~ patients.

Sec. 24. NAC 449.9855 is hereby amended to read as follows:

449.9855 1. ~~[The governing body shall develop]~~ *An ambulatory surgical center shall have* written policies for the personnel employed at the center. These policies must be provided to each employee in the form of a manual and must include provisions concerning hours of work, grievances in connection with termination, vacation, sick leave and leaves of absence.

2. ~~[In addition, the governing body shall require that:~~

~~—(a) A skin test for tuberculosis be conducted for each new employee. If the skin test is positive, an X-ray of the chest is required.~~

~~—(b) Each employee, within]~~ *Each employee of the center must:*

(a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center.

(b) Within 10 days after the date of his employment, and periodically thereafter, be instructed in the control of infections, the prevention of fires, the safety of the patients, preparation in case of disaster , and the policies and procedures of the center.

3. *A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation:*

(a) A job description that:

(1) Includes the duties and responsibilities of, and the qualifications required for, the position held by the employee; and

(2) Is signed by the employee;

(b) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee;

(c) An annual evaluation of the employee that is signed by the employee and his supervisor; and

(d) Such health records as are required by chapter 441A of NAC.

Sec. 25. NAC 449.9865 is hereby amended to read as follows:

449.9865 1. The medical staff *of an ambulatory surgical center* is answerable to the governing body for the quality of medical care provided to patients and for the ethical and professional practices of its members.

2. *The governing body, or a person or committee designated by the governing body, shall appoint the members of the medical staff and grant, deny and withdraw the privileges to be accorded members of the medical staff as it deems appropriate.* Appointments to the medical staff must be made in writing and must be documented in the records of the center.

3. ~~[Standards and procedures must be established for:~~

~~—(a) The selection of members of the medical staff;~~

~~—(b) The delineation of the privileges to be accorded to members of the medical staff and members of allied health professions;~~

~~—(c) Appealing the withdrawal or denial of any privilege; and~~

~~—(d) The reappraisal and appointment of each member.]~~ *Each member of the medical staff must be qualified for the position to which he is appointed and the privileges which he is accorded.*

4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges ~~awarded~~ *accorded* him.

5. ~~[All members of the medical staff must agree to abide by the rules of the center and NAC 449.971 to 449.9975, inclusive.]~~ *The governing body shall establish procedures for disciplining a member of the medical staff who fails to comply with the policies and procedures of the center.*

Sec. 26. NAC 449.988 is hereby amended to read as follows:

449.988 1. Each ambulatory surgical center must have a department of nursing under the direction of a chief nurse who is a registered nurse.

2. ~~[The chief nurse is responsible for the supervision and evaluation of the nursing staff and its activities. He shall:~~

~~—(a) Establish job descriptions;~~

~~—(b) Provide for the orientation and training of the nursing staff;~~

~~—(c) Evaluate the performance of the staff; and~~

~~—(d) Assign nurses.~~

~~—3.]~~ A sufficient number of members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A sufficient number of registered nurses must be on duty at all times to ensure the immediate availability of a registered nurse for the care of any patient. A person who is not a registered nurse may be assigned to care for a patient to the extent consistent with his education, experience and authorized scope of practice.

~~[4.—The governing body shall ensure the adequacy of treatment, medications and care provided by the nursing staff and shall ensure that each patient has a comfortable and clean environment that protects him from injury or accident.]~~

3. A surgical technician or licensed practical nurse may be permitted to serve as a scrub technician only under the direct supervision of a registered nurse.

Sec. 27. NAC 449.9885 is hereby amended to read as follows:

449.9885 1. ~~[A full-time]~~ *An* employee shall oversee the completion, filing and retention of each medical record.

2. Records must be maintained for each patient admitted for care in the center in accordance with accepted professional principles.

3. Only authorized personnel may have access to medical records. Information contained in a medical record must not be released without the written consent of the patient or his guardian except:

- (a) As required by law;
- (b) Under a contract involving a third-party payor; or
- (c) As otherwise provided by the agreement on admission.

4. A medical record may be microfilmed if the record can be legibly reproduced.

5. A licensee who ceases operations shall notify the division of the arrangements made for access to and the safe preservation of medical records.

6. Medical records must not be removed from the center except upon the issuance of an order by a court of competent jurisdiction.

7. The records of each patient discharged from the center must be completed within 30 days after the date of his discharge.

8. An index of medical records must be maintained. The medical records of each patient must be indexed, within 6 months after discharge, according to the surgery performed and the physician attending the patient.

9. Each record must be protected against loss, destruction or unauthorized use.

Sec. 28. NAC 449.989 is hereby amended to read as follows:

449.989 The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:

1. A complete identification of the patient, including information on his next of kin and on the person or agency legally or financially responsible for him.
2. A statement concerning the admission and diagnosis of the patient.
3. The medical history of the patient.
4. Documentation that the patient has been given a ~~[complete physical examination upon admission.]~~ *presurgical evaluation conducted by a physician within the 7 days immediately preceding the date of the patient's surgery.*
5. Evidence of any informed consent given for the care of the patient.
6. Any clinical observations of the patient, such as the notes of a physician, a nurse or any other professional person in attendance. *Such an entry must be signed by the person making the entry and include the title of that person.*
7. Reports of all ~~[prescribed tests and examinations.]~~ *studies ordered, including laboratory and radiological examinations.*
8. Confirmation of the original diagnosis, or the diagnosis at the time of discharge.
9. A report of any operation performed on the patient, prepared by the surgeon.
10. A description of the procedure followed in any administration of anesthesia to the patient.
11. A recovery report for the patient.

12. A summary of discharge ~~[prepared in accordance with established policy and any provisions made for continuing care or follow-up of the patient after discharge.~~

~~—13.— If the patient has died and these documents are available, a death certificate and necropsy report.]~~, *including, without limitation, the disposition of the patient and any recommendations and instructions given to the patient.*

13. Documentation that a member of the nursing staff interviewed the patient within 72 hours after the patient was discharged from the center to determine the condition of the patient and whether the patient was satisfied with the services provided, and to receive any complaints or problems the patient may have.

Sec. 29. NAC 449.9895 is hereby amended to read as follows:

449.9895 1. All ~~[dressings, bandages,]~~ surgical instruments, sutures ~~[, drains and solutions]~~ *and drains* used in the care of patients must be sterile.

2. If these materials are sterilized on the premises, the process of sterilization must be supervised by a person who has received specialized training in the operation of that process, including training in methods of testing to verify the efficiency of the process.

3. Instructions for operating any autoclave or sterilizer must be posted near the equipment, and this equipment must be maintained in a safe operating condition.

4. The efficiency of the method of sterilization used must be checked not less frequently than once each month by bacteriological tests. Records of the results of these tests must be maintained by the center for *at least* 1 year.

Sec. 30. NAC 449.990 is hereby amended to read as follows:

449.990 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. ~~Any medication for a patient must be prepared, administered and recorded as soon as possible after administration by a registered nurse. Medications must be prepared shortly before use.~~ 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. 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. Transfusions of blood or intravenous medications may be administered only by ~~those~~ *persons* who have been specially trained and are authorized for that duty.

~~6. Medications brought by a patient to the ambulatory surgical center may not be used unless:~~

~~—(a) The proper orders for medication have been entered by the prescriber in the medical record of the patient;~~

~~—(b) The container for the medication has been clearly and properly labeled; and~~

~~—(c) The contents of the container have been examined and positively identified by the prescriber or a pharmacist retained by the center.~~

~~—7.—~~ *An ambulatory surgical center shall adopt policies and procedures for the administration of blood.*

6. 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.

Sec. 31. NAC 449.9905 is hereby amended to read as follows:

449.9905 1. A pharmacist must be on the staff of each ambulatory surgical center or under contract with the center. He is responsible for all matters pertaining to the use of drugs in the center. If the center employs a part-time pharmacist by contract, he shall visit the center not less frequently than once each month. These visits must be documented.

2. Records of all transactions ~~[in the pharmacy or room for drugs]~~ must be in writing and maintained so the receipt and disposition of any drug may be readily traced.

3. ~~[All prescription drugs and devices used in the center must be stored in well-illuminated compartments, drawers, cabinets, rooms or emergency carts that are locked except for carts containing drugs and devices located in areas in which a member of the staff is always present and where there is constant surveillance. The physical setting and the arrangements for personnel for these areas must have prior approval from the division. Poisons and medications for external use must be stored separately from medications for internal use. Poisons must be stored as if they were drugs.]~~

~~—4.—~~ ~~Prescription drugs]~~ **Drugs** requiring refrigeration must be stored in a locked refrigerator or a refrigerator in a locked room. Food must not be stored in this refrigerator except for food used as a vehicle for the administration of drugs.

~~[5.— Only the pharmacist, the nurse in charge of a change of shift and the nurse in charge of medications may be provided with keys to the room for medications, the room where the drugs are stored or the cart containing drugs.~~

~~—6.— Medications may not be transferred from one storage container to another after having been dispensed from the pharmacy or drug room. Each container must be legibly marked with a securely attached label. Containers with illegible, incomplete, makeshift, damaged, worn, soiled or missing labels must be returned to the dispensing pharmacy for relabeling or disposal.~~

~~—7.]~~ 4. In the absence of a full-time pharmacist, the director of nursing must be designated in writing as responsible for the control of dangerous drugs and controlled substances.

Substances listed as schedule II controlled substances pursuant to chapter 453 of NRS must be stored in a storage area with two locks. If a box is used, it must be securely fastened and immovable.

~~[8.— Prescriptions may be released to a patient upon his discharge or transfer if the release is ordered in writing by a physician on the medical record of the patient.~~

~~—9.]~~ 5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, contaminated or deteriorated drugs must be destroyed.

Sec. 32. NAC 449.991 is hereby amended to read as follows:

449.991 1. ~~[Services provided by a clinical laboratory must be adequate]~~ **Laboratory services must be provided** to meet the needs of patients and must be available to each center at all times.

2. If the ambulatory surgical center has its own laboratory ~~;~~

~~—(a) It], *it* must be a licensed clinical laboratory under the provisions of chapter 652 of NRS .~~

~~[, with the necessary space, facilities and equipment to provide the laboratory services necessary for a routine examination.~~

~~—(b) A laboratory technologist must be on duty or available within 15 minutes after being called when the center is open.~~

~~—(c) The laboratory must be able to conduct chemistry, microbiology, hematology, serology and clinical microscopy examinations and examinations for blood transfusions.~~

~~—(d) The laboratory may not perform procedures and tests that are outside the scope of the training of its personnel.~~

~~—(e) Equipment in the laboratory must be in good working order and properly calibrated.~~

~~—3.— Each laboratory shall provide the results of tests within a reasonable time to the person who ordered them. Any report of the results of a test must be authenticated by the person designated as responsible for the preparation of the test. The original report must be filed in the medical record of the patient, and a copy must be kept in the laboratory for not less than 1 year.~~

~~—4.— Each laboratory shall establish a system whereby the person who performed each test may be identified.]~~

3. If the ambulatory surgical center contracts with a laboratory for its services, that laboratory must be certified in accordance with the Clinical Laboratory Improvement Amendments of 1988, Public Law No. 100-578.

Sec. 33. NAC 449.992 is hereby amended to read as follows:

449.992 1. Pathology services must be provided by a staff pathologist or by a pathologist used as a consultant by the ambulatory surgical center. The pathologist ~~]:~~

~~—(a) Must be currently]~~ *must be* licensed *to practice* in this state.

~~[(b) Shall participate in meetings of the medical staff and department.~~

~~—(c) Is responsible for the qualifications and in-service training of his staff.]~~

2. All material removed from a patient during surgery must be clearly labeled and examined microscopically as required by a pathologist. In the absence of a staff pathologist, written arrangements must be made to send tissues to a pathologist outside the center.

3. A list of tissues that do not routinely require microscopic examination must be approved by ~~[the medical staff]~~ *a pathologist* and made available to the laboratory and the *members of the* medical staff.

4. Reports of examinations of tissues must be authenticated by the examining pathologist. The original report must be filed in the medical record of the patient . ~~[and a copy kept in the laboratory. An index of a diagnosis of tissues must be maintained in the laboratory.]~~

Sec. 34. NAC 449.9925 is hereby amended to read as follows:

449.9925 1. If the ambulatory surgical center provides its own service for blood transfusions through its clinical laboratory:

(a) Any arrangement for the procurement, safekeeping or transfusion of blood or derivatives of blood must be under the supervision of a physician.

(b) Any reaction to a transfusion of blood must be investigated.

(c) The storage equipment for blood and derivatives of blood must be protected by an alarm system which is tested each month to check its operation.

(d) Samples of the blood of any patient receiving a transfusion and of each unit of blood used in the center must be retained in accordance with the written policy of the laboratory for at least 7 days for further testing in the event of a reaction to the transfusion.

(e) Blood and derivatives of blood that have exceeded their expiration date may not be used.

2. If the ambulatory surgical center depends on an outside source for blood, there must be in force a written agreement governing the procurement of blood and derivatives of blood that is reviewed annually by the ~~[technologist in charge of the laboratory.]~~ *governing body and the staff pathologist or the pathologist used as a consultant by the center.*

Sec. 35. NAC 449.993 is hereby amended to read as follows:

449.993 1. Each ambulatory surgical center shall maintain diagnostic radiological services or have such services immediately available. Whether these services are provided directly or by contract, personnel capable of supervising the performance of the services must be available.

2. ~~[Each]~~ *If a center provides diagnostic radiological services directly, the* center must have a full-time radiologist or a radiologist who works as a part-time consultant available to supervise the department of radiology and to interpret films. ~~[If the radiologist is a part-time consultant, in his absence a physician who has been qualified by the medical staff and approved by the governing body may supervise the department and interpret films.]~~

3. Only a person designated as qualified by the radiologist ~~[or by a committee of the medical staff]~~ may operate the equipment for X-rays. Only a physician may perform a fluoroscopy.

4. A radiological technician must be on duty or available within 15 minutes after being called while the center is open.

5. Examinations by X-ray must be ordered by the physician responsible for the care of the patient, and the order must contain a concise statement of the reason for the examination.

Reports of these examinations must be ~~[authenticated]~~ *signed* by the reporting physician. The original report must be filed in the medical records of the patient, and a copy of the report must be kept in the radiology department.

Sec. 36. NAC 449.9935 is hereby amended to read as follows:

449.9935 1. *The operating and recovery rooms of an ambulatory surgical center must be used exclusively for surgical procedures.*

2. A registered nurse experienced in surgical procedures shall supervise the operating room.
~~[A physician qualified to assist in major surgery must be present and scrubbed for any surgical procedure that may require his skills or qualifications.~~

~~—2.— A first assistant may be a registered nurse or technician if he is not otherwise required to be a physician and is designated by the medical staff as having sufficient training to assist properly and adequately in the procedure.~~

~~—3.— Any surgical technician or licensed practical nurse may serve as a scrub assistant under the direct supervision of a registered nurse, but only]~~

3. *Only* a registered nurse may function as the circulating nurse in the operating room.

4. The operating ~~[suite must be equipped with a cardiac monitor, apparatus to assist the respiratory function, a defibrillator, an aspirator, sets for a thoracotomy and a tracheotomy and any other equipment reasonably necessary for the surgeries performed in the center.~~

~~—5.— The rules and policies relating to the operating room must be available and, where appropriate, posted. A registry concerning the personnel assigned to the operating room must be kept current.~~

~~—6.—]~~ *room must be equipped with:*

(a) *A system for making emergency calls;*

(b) *Oxygen;*

(c) *Mechanical ventilatory assistance equipment, including, without limitation, a manual breathing bag and a ventilator;*

- (d) *Cardiac monitoring equipment;*
- (e) *Laryngoscopes and endotracheal tubes; and*
- (f) *Suction equipment.*

5. If the operating team consists of persons who are not physicians, such as a dentist, a podiatrist or a nurse, a physician must be *on the premises and* immediately available in case of an emergency. *As used in this subsection, “immediately available” means the physician is sufficiently free from other duties to be able to respond rapidly to the emergency.*

Sec. 37. NAC 449.994 is hereby amended to read as follows:

449.994 1. A ~~[complete history and physical examination]~~ *presurgical evaluation conducted by a physician and the pertinent past medical history of a patient* must be recorded in the chart of ~~[each]~~ *the* patient before surgery. ~~[If the complete history and physical examination have been transcribed but not yet recorded in the chart, a statement to that effect and an admission note by the physician must be included in the chart.]~~

2. A properly executed form of consent to surgery must be placed in the medical record of the patient before surgery. A report must be prepared immediately after surgery describing the technique and findings of the surgery.

Sec. 38. NAC 449.9945 is hereby amended to read as follows:

449.9945 1. ~~[If the ambulatory surgical center has a department of anesthesia, the department is responsible for the administration of anesthetics and the maintenance of strict safety controls. If there is no department of anesthesia in the center, then the department of surgery must be responsible.~~

~~—2.—~~ Anesthetics must be administered in the operating room *of an ambulatory surgical center* by an anesthesiologist, a qualified physician, a dentist or, ~~[at]~~ *under* the direction of the

operating physician ~~[.]~~ *and in accordance with the provisions of chapter 632 of NRS and the regulations adopted pursuant thereto*, a certified registered nurse anesthetist.

~~[3.—The medical staff shall designate those persons]~~

2. *Persons designated to administer anesthetics must be* qualified to administer anesthetics ~~[and shall specify what each person is qualified to do.~~

~~—4.—]~~ *based on their credentials and must be approved by the governing body.*

3. *General anesthesia must not be administered to a patient unless a physician has evaluated the patient immediately before surgery to assess and document the risks of administering the anesthesia relative to the surgical procedure to be performed. A patient who receives general anesthesia must be evaluated by a physician after the patient has recovered from the general anesthesia and before he is discharged from the recovery room.*

4. A record of anesthesia must be completed after surgery , and there must be a follow-up on each patient who has received anesthesia with the findings recorded by the person who administered the anesthesia.

5. *As used in this section, “certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014.*

Sec. 39. NAC 449.9955 is hereby amended to read as follows:

449.9955 *The administrator of an ambulatory surgical center shall ensure that:*

1. *Each patient admitted to the center is treated with respect, consideration and dignity.*

2. *Each patient admitted to the center is provided appropriate privacy.*

3. Each patient admitted to the ~~[ambulatory surgical center must be]~~ *center is* informed of his rights as a patient ~~[.]~~ *in accordance with the provisions of NRS 449.730.* He must be

informed, at the time of his admission, of the services available and the estimated cost of those services.

~~2.1~~ If a patient is unable to understand his rights, they must be explained to his guardian, next of kin or the agency financially responsible for his care.

4. The records of a patient admitted to the center are kept confidential, except as otherwise provided by law.

5. Each patient admitted to the center is given the opportunity to participate in decisions relating to his health care, unless he is unable to do so because of his medical condition.

6. Information is available to patients and members of the staff concerning:

(a) The policies of the center relating to the conduct and responsibilities of patients;

(b) The care that is available at the center during emergencies and after normal business hours;

(c) The policies of the center related to the payment of fees;

(d) A patient's right to refuse to participate in experimental research; and

(e) The procedures for filing complaints or grievances at the center.

Sec. 40. NAC 449.984, 449.9845, 449.985, 449.986, 449.987, 449.9875, 449.9915, 449.9951 and 449.9975 are hereby repealed.

TEXT OF REPEALED SECTIONS

449.984 Appointment of committees by governing body.

1. The governing body may appoint those committees it considers necessary to manage the finances, building and maintenance of the center, and serve as liaison with the medical staff. These committees shall meet as often as necessary to perform their functions. Documentation detailing the activities of each committee must be maintained by the governing body for at least 3 years.

2. In lieu of any other committee required to be established by NAC 449.971 to 449.9975, inclusive, the governing body may establish a single committee responsible for:

- (a) The control of infection;
- (b) Pharmaceutical services;
- (c) Laboratory services;
- (d) Pathology services;
- (e) Serving as liaison with the medical staff; and
- (f) Evaluating the quality of all services provided at the center.

Any such committee must be established by a rule adopted pursuant to NAC 449.9795. The rule establishing the committee must specify the frequency with which the committee evaluates the quality of services pursuant to this section.

449.9845 Committee for pharmaceutical services.

1. Unless a committee has been established pursuant to subsection 2 of NAC 449.984, a committee for pharmaceutical services must be established by the governing body. This committee shall annually review and approve the formulary and the policies for procuring, storing, distributing, prescribing, dispensing and administering any drug in the center.

2. The committee must consist of a pharmacist, a physician, the chief nurse or a person permanently designated by him, the administrator or a person permanently designated by him, and any other person appointed by the administrator.

3. The committee shall meet not less frequently than once each quarter and shall keep sufficient records to document its activities, findings and recommendations.

449.985 Committee for control of infection.

1. Unless a committee has been established pursuant to subsection 2 of NAC 449.984, the ambulatory surgical center must have a committee established for the control of infection. This committee must be composed of one member from each of the following departments of the center:

- (a) Administration.
- (b) Housekeeping.
- (c) Laboratory.
- (d) Maintenance.
- (e) Medical.
- (f) Nursing.
- (g) Pharmacy.

2. The committee shall establish policies and procedures for preventing the spread of infections in the center and shall:

- (a) Review, at least annually:
 - (1) The procedures for handling contaminated linen;
 - (2) The procedures for the disposal of waste, including body tissue and pathological and infectious waste;

- (3) The traffic routes of personnel and patients in the center;
- (4) The rules for visitors of patients; and
- (5) The sources of air pollution.

(b) Meet, not less frequently than once each quarter, to discuss any spread of infections reported and to evaluate the efficiency of the staff in practicing aseptic techniques. The minutes of each committee meeting must be recorded and maintained for inspection by the division.

449.986 Records of personnel. Each employee of the ambulatory surgical center must have a current and accurate personnel record that includes:

1. A job description, authenticated by the employee and his supervisor, that lists the duties, responsibilities and general qualifications for the position;
2. Evidence of current licensure, registration, specific experience and other information showing his qualifications for the position;
3. Documentation of a physical examination of the employee by a physician, given at the time of his employment, with a certificate from the physician stating that the employee has been found to be in good health and free from communicable disease;
4. Documentation that the employee has been given an orientation concerning the center, the policies and procedures of the center, and any other information required to enable him to perform his duties safely;
5. A record of an annual skin test or X-ray of the chest for tuberculosis and the results thereof; and
6. An annual evaluation of his performance that is authenticated by the employee and his supervisor.

449.987 Medical staff: Rules for organization.

1. The medical staff of the center must be organized under its own rules approved by the governing body.

2. These rules must include:

(a) A descriptive outline of the organization of the medical staff;

(b) A statement concerning the qualifications the members of the staff must have to practice in the center;

(c) A policy regarding the requirements for meetings of the staff and the minimum number of such meetings to be attended each year by each member of the staff;

(d) A provision allowing a surgical procedure only with the consent of the patient or his legal representative, except in an emergency;

(e) A requirement that if dental or podiatric patients are admitted to the center a physician must be in attendance who is responsible for the medical care of the patient throughout his admittance; and

(f) A requirement that if any member of an allied health profession provides services in the center, his entries on the medical record of a patient must be verified by his signature.

449.9875 Medical staff: Administration.

1. The medical staff shall:

(a) Establish policies concerning:

(1) The holding and recording of consultations.

(2) Disciplinary procedures for infractions of the policies and rules of the center.

(b) In the case of the death of a patient, document the efforts made to secure a necropsy.

2. The medical staff or, if necessary, the committees composed of members of the staff appointed by the governing body, shall:

(a) Act, not less frequently than once each month, on administrative matters concerning the medical staff.

(b) Investigate any report of a breach of ethics by any member of the staff.

(c) Coordinate the activities and general policies of the various departments of the staff.

(d) Make advisory recommendations concerning the medical staff to the governing body in accordance with existing policy.

(e) Establish procedures for the procurement, storage, safety, use and disposal of drugs in the center.

(f) In the case of a committee, serve as a liaison between the governing body and the medical staff.

(g) Develop policies relating to entries in medical records and the completion, filing and confidentiality of those records.

(h) Regularly review, analyze and evaluate the clinical work in the center, including the surgical procedures performed in the center. In this connection, the staff or the committee shall consider any agreement or disagreement about the diagnosis and the acceptability of the procedures undertaken.

(i) Recommend policies to the governing body concerning transfusions of blood and blood derivatives.

3. Meetings of the medical staff must be open to the administrator or his representative.

4. There must be a chief for each department of the medical staff who is responsible for the operation of that department.

449.9915 Clinical laboratory: Laboratory outside of center.

1. Laboratory services that are beyond the capacity of a laboratory at the ambulatory surgical center must be provided by an outside laboratory.

2. Any report from an outside laboratory must identify the reporting laboratory, must be legible and must be included in the medical record of the patient.

449.9951 Report of change in condition of patient. Any significant change in the physical, mental or emotional condition of a patient must be reported immediately to:

1. His physician; and
2. Next of kin or other person legally responsible for him.

449.9975 Construction of facilities.

1. The entrance of and the administrative and public areas in an ambulatory surgical center must comply with NAC 449.848.

2. If a radiology suite is provided, it must comply with NAC 449.931.

3. The pharmacy suite must comply with NAC 449.924.

4. The presurgery examination room must contain cabinets for the storage of medication, a work counter, illuminators for X-ray film, facilities for washing hands, cubicle curtains and a storage area for patients' clothing and possessions. The room must have 80 square feet for each preparation area.

5. The surgical suite must comply with NAC 449.884, except for the requirement that an operating room must have a clear area of at least 360 square feet exclusive of fixed and movable equipment.

6. Laundry facilities, if provided, must comply with NAC 449.905.