

MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC HOSPITALS

Title 15: Mississippi State Department of Health

Part 3: Office of Health Protection

Subpart 1: Health Facilities Licensure and Certification

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CHAPTER 40 MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC HOSPITALS

Subchapter 1 LEGISLATIVE AUTHORITY

Rule 40.1.1 Mississippi State Department of Health Law of 1979, Mississippi Code Annotated, 43-11-1 through 43-11-27 (Supplemented 1986) The Mississippi Health Care Commission adopted additional regulations for Psychiatric Hospitals on November 17, 1983. The regulations became effective December 22, 1983. The Mississippi State Department of Health took over the licensing duties of the Mississippi Health Care Commission on July 1, 1986.

1. Psychiatric Hospitals are free-standing facilities established to offer facilities, beds and services over a continuous period exceeding 24 hours to individuals requiring diagnosis and intensive and continued clinical therapy for mental illness. Distinct parts of General Acute Hospitals may be designated as Psychiatric. This unit is organized, staffed and equipped to render psychiatric services.
2. These standards are to be applied in conjunction with the Minimum Standards of Operation for Mississippi Hospitals where applicable.
3. These standards are written so that they closely parallel the Standards for Accreditation of Psychiatric Facilities established by the Joint Commission on Accreditation of Hospitals. By basing these standards on the Joint Commission's standards, we have developed standards which have the input of a national panel of knowledgeable experts and skilled people on psychiatric treatment.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 2 FACILITY MANAGEMENT GOVERNING BODY

Rule 40.2.1 Every facility shall have a governing body that has overall responsibility for the operation of the facility.

1. A public facility shall have a written description of the administrative organization of the government agency within which it operates.
2. A public facility shall also have a written description of how the lines of authority within the government agency relate to the governing body of the facility.
3. A private facility shall have a charter, constitution or bylaws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.2 The names and addresses of all owners or controlling parties of the facility (whether they are individuals; partnerships; corporate bodies; or subdivisions of other bodies, such as public agencies or religious, fraternal or other charitable organizations) shall be fully disclosed. In case of corporations, the names and

addresses of all officers, directors and principal stockholders either beneficial, or of record, shall be disclosed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.3 The governing body shall meet at least quarterly.

1. Minutes of these meetings shall be kept and shall include at least the following:
 - a. The date of the meeting;
 - b. The names of members who attended;
 - c. The topics discussed;
 - d. The decisions reached and actions taken;
 - e. The dates for implementation of recommendations; and
 - f. The reports of the Chief Executive Officer and others.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.4 The governing body shall establish a committee structure to fulfill its responsibilities and to assess the results of the facility's activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.5 The governing body, through the Chief Executive Officer, shall have a written statement of the facility's goals and objectives, as well as, written procedures for implementing these goals and objectives.

1. There shall be documentation that the statement and procedures are based upon a planning process, and that the facility's goals and objectives are approved by the governing body.
2. The governing body, through the Chief Executive Officer, shall have a written plan for obtaining financial resources that are consonant with the facility's goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.6 When a categorical program (for example, a child, adolescent, or adult psychiatric program) is a component of a larger facility, the staff of the categorical program, subject to the overall responsibility of the governing body, shall be given the authority necessary to plan, organize and operate the program. The categorical program shall hire and assign its own staff. The categorical program shall employ a sufficient number of qualified and appropriately trained staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.7 The governing body, through its Chief Executive Officer, shall develop policies and shall make sufficient resources available (for example, funds, staff, equipment, supplies and facilities) to assure that the program is capable of providing appropriate and adequate services to patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.8 The facility's physical and financial resources shall be adequately insured.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.9 The governing body shall establish bylaws, rules and regulations, and a table of organization to guide relationships between itself and the responsible administration and professional staffs and the community.

1. The governing body may establish one set of bylaws, rules and regulations that clearly delineates the responsibilities and authority of the governing body and the administrative and professional staff.
2. Administrative and professional staffs may establish separate bylaws, rules and regulations that are consistent with policies established by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.10 All bylaws, rules and regulations shall comply with legal requirements, be designed to encourage high quality patient care, and be consistent with the facility's community responsibility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.11 Such bylaws, rules and regulations shall describe the powers and duties of the governing body and its officers and committees; or the authority and responsibilities of any person legally designed to function as the governing body, as well as, the authority and responsibility delegated to the responsible administrative and professional staffs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.12 Such bylaws, rules and regulations shall state the eligibility criteria for governing body membership; the types of membership and the method of selecting members; frequency of governing body meetings; the number of members necessary for a quorum and other attendance requirements for governing body meetings; the requirement that meetings be documented in the form of written minutes and the duration of appointment or election for governing body members, officers and committed chairpersons.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.13 Such bylaws, rules and regulations shall describe the qualifications, authority and responsibilities of the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.14 Such bylaws, rules and regulations shall specify the method for appointing the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.15 Such bylaws, rules and regulations shall provide the administrative and professional staffs with the authority and freedom necessary to carry out their responsibilities within the organizational framework of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.16 Such bylaws, rules and regulations shall provide the professional staff with the authority necessary to encourage high quality patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.17 Such bylaws, rules and regulations shall state the procedures under which the administrative and professional staff cooperatively function.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.18 Such bylaws, rules and regulations shall require the establishment of controls designed to encourage each member of the professional staff to observe the standards of the profession and assume and carry out functions in accordance with local, state and federal laws and rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.19 Such bylaws, rules and regulations shall require the professional staff bylaws, rules and regulations to be subject to governing body approval.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.20 Such bylaws, rules and regulations shall specify procedures for selecting professional staff officers, directors and department or service chiefs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.21 Such bylaws, rules and regulations shall require that physicians with appropriate qualifications, licenses and clinical privileges evaluate and authenticate medical histories and physical examinations and prescribe medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.22 Such bylaws, rules and regulations may also allow dentists with appropriate qualifications, licenses and clinical privileges to prescribe medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.23 Such bylaws, rules and regulations shall describe the procedure for conferring clinical privileges on all professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.24 Such bylaws, rules and regulations shall define the responsibilities of physicians in relation to non-physician members of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.25 Such bylaws, rules and regulations shall provide a mechanism through which the administrative and professional staffs report to the governing body.

Such bylaws, rules and regulations shall define the means by which the administrative and professional staffs participate in the development of facility and program policies concerning program management and patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.26 Such bylaws, rules and regulations shall require an orientation program for new governing body members and a continuing education program for all members of the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.27 Such bylaws, rules and regulations shall require that the bylaws, rules and regulations be reviewed at least every two years, revised as necessary, and signed and dated to indicate the time of last review.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 3 CHIEF EXECUTIVE OFFICER

Rule 40.3.1 The governing body shall appoint a Chief Executive Officer who shall be employed on a full-time basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.2 The qualifications, authority and duties of the Chief Executive Officer shall be stated in the governing body's bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.3 The Chief Executive Officer shall be a health professional with appropriate professional qualifications and experience, including previous administrative responsibility in a health facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.4 The Chief Executive Officer shall have a medical degree or at least a master's degree in administration, psychology, social work, education or nursing; and, when required, should have appropriate licenses. Experience may be substituted for a professional degree when it is carefully evaluated, justified and documented by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.5 In facilities primarily serving children or adolescents, the Chief Executive Officer shall have appropriate professional qualifications and experience, including previous administrative responsibility in a facility for children or adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.6 In accordance with the facility's bylaws, rules and regulations, the Chief Executive Officer shall be responsible to the governing body for the overall operation of the facility, including the control, utilization and conservation of its physical and financial assets and the recruitment and direction of staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.7 The Chief Executive Officer shall assist the governing body in formulating policy by preparing the following items and presenting them to and reviewing them with the governing body:

1. Long-term and short-term plans of the facility.
2. Reports on the nature and extent of funding and other available resources.
3. Reports describing the facility's operations.
4. Reports evaluating the efficiency and effectiveness of facility or program activity;
and
5. Budgets and financial statements.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.8 The Chief Executive Officer shall be responsible for the preparation of a written manual that defines the facility policies and procedures and that is regularly revised and updated.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.9 There shall be documentation that the Chief Executive Officer attends and participates in continuing education programs.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 4 PROFESSIONAL STAFF ORGANIZATION

Rule 40.4.1 There shall be a single organized professional staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as, for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that a qualified physician be responsible for diagnosis and all care and treatment. The organization of the professional staff and its bylaws, rules and regulations, shall be approved by the facility's governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.4.2 There professional staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the provisions.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 5 QUALIFICATIONS

Rule 40.5.1 The appointment and reappointment of professional staff member shall be based upon well defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the professional staff and of the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.5.2 Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he or she has read and agrees to be bound by the professional staff and governing body bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.5.3 The initial appointment and continued professional staff membership shall be dependent upon professional competence and ethical practice in keeping with the qualifications, standards and requirements set forth in the professional staff and governing body bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.5.4 Unless otherwise provided by law, only those practitioners who are licensed, certified, or registered, or who have demonstrated competence and experience, shall be eligible for professional staff membership.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 6 METHOD OF SELECTION

Rule 40.6.1 Each facility is responsible for developing a process of appointment to the professional staff whereby it can satisfactorily determine that the person is appropriately licensed, certified, registered, or experienced, and qualified for the privileges and responsibilities he or she seeks.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 7 PRIVILEGE DELINEATION

Rule 40.7.1 Privileges shall be delineated for each member of the professional staff, regardless of the type and size of the facility and the age and disability group served.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.2 The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.3 Clinical privileges shall be facility-specific.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.4 The professional staff shall delineate in its bylaws, rules and regulations the qualifications, status, clinical duties, and responsibilities of clinical practitioners who are not members of the professional staff but whose services require that they be processed through the usual professional staff channels.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.5 The training, experience and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.6 There shall be provisions for individuals in such categories to receive professional supervision, when indicated, from their professional counterparts.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 8 REAPPOINTMENT

Rule 40.8.1 The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every two years.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.2 The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.3 When indicated, the credentials committee shall require the individual to submit evidence of his or her current health status that verifies the individual's ability to discharge his or her responsibilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.4 The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance, as well as, his or her adherence to the governing body and professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.5 The professional staff bylaws, rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must be completed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 9 ORGANIZATION

Rule 40.9.1 The professional staff shall be organized to accomplish its required functions. The professional staff organization must provide a framework in which the staff can carry out its duties and functions effectively. The complexity of the organization shall be consonant with the size of the facility and the scope of its activities. (Although not all members of professional health care disciplines need to be members of the professional staff, membership may include active staff, consulting staff, affiliate staff, associate staff and others according to the needs of the facility.)

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.9.2 The professional staff bylaws, rules and regulations shall provide for the selection of officers for an executive committee, and, when appropriate, for other organizational components of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.9.3 The professional staff bylaws, rules and regulations should specify the organization needed to provide effective governance of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 10 EXECUTIVE COMMITTEE

Rule 40.10.1 The executive committee shall be empowered to act for the professional staff in the intervals between the staff meetings.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.2 The committee shall serve as a liaison mechanism between the professional staff and the administration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.3 There shall be a mechanism that assures medical participation in the deliberations of the executive committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.4 The professional staff bylaws, rules and regulations shall define the size, composition, method of selecting members and frequency of meetings of the executive committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.5 The executive committee shall maintain a permanent record of its proceedings and actions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.6 The functions and responsibilities of the executive committee shall include at least the following:

1. Receiving and acting upon reports and recommendations from a professional staff committees, departments and services.
2. Implementing the approved policies of the professional staff.
3. Recommending to the governing body all matters relating to appointments and reappointments, staff categorization and assignments, clinical privileges, and except when such is a function of the professional staff or one of its committees, corrective action.

4. Fulfilling the professional staff's accountability to the governing body for the quality of the overall clinical care rendered to the patients in the facility; and
5. Initiating and pursuing corrective action when warranted, in accordance with the provisions of the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 11 PROFESSIONAL STAFF BYLAWS

Rule 40.11.1 The professional staff shall develop and adopt bylaws, rules and regulations to establish a framework of self-government and a means of accountability to the governing body.

1. The bylaws, rules and regulations shall be subject to the approval of the governing body.
2. The professional staff shall regulate itself by its bylaws, rules and regulations.
3. The professional staff bylaws, rules and regulations shall reflect current staff practices, shall be enforced and shall be periodically reviewed and revised as necessary.
4. The professional staff bylaws, rules and regulations shall include a requirement for an ethical pledge from each practitioner.
5. The professional staff bylaws, rules and regulations shall describe the specific role of each discipline represented on the professional staff or exercising clinical privileges in the care of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.11.2 The professional staff bylaws, rules and regulations shall include the following patient record requirements:

1. Symbols and abbreviations shall be used only when they have been approved by the professional staff and when there is an explanatory legend;
2. The categories of personnel who are qualified to accept and transcribe verbal orders, regardless of the mode of transmission of the orders, shall be specifically identified;
3. The period of time following admission to the facility within which a history and physical examination must be entered in the patient record shall be specified;
4. The time period in which patient records must be completed following discharge shall be specified and shall not exceed fourteen (14) days; and

5. The entries in patient records that must be dated and authenticated by the responsible practitioner shall be specified.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.11.3 The professional staff bylaws, rules and regulations shall specify mechanisms for the regular review, evaluation and monitoring of professional staff practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.11.4 The professional staff bylaws, rules and regulations shall provide a procedure relative to denial of staff appointments and reappointments, as well as, for denial, curtailment, suspension, or revocation of clinical privileges. When appropriate, this procedure shall provide for a practitioner to be heard, upon request, at some stage of the process.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 12 WRITTEN PLAN FOR PROFESSIONAL SERVICES

Rule 40.12.1 The facility shall formulate and specify in a written plan for professional services its goals, objectives, policies and programs so that its performance can be measured.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.2 The plan shall describe the services offered by the facility so that a frame of reference for judging the various aspects of the facility's operation is available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.3 The written plan for professional services shall describe the following:

1. The population served, including age groups and other relevant characteristics of the patient population;
2. The hours and days the facility operates;
3. The methods used to carry out initial screening and/or triage;
4. The intake or admission process; including how the initial contact is made with the patient and the family or significant others;
5. The assessment and evaluation procedures provided by the facility;
6. The methods used to deliver services to meet the identified clinical needs of patients served;
7. The basic therapeutic programs offered by the facility;

8. The treatment planning process and the periodic review of therapy;
9. The discharge and post-therapy planning processes;
10. The organizational relationships of each of the facility's therapeutic programs, including channels of staff communication, responsibility and authority, as well as, supervisory relationships; and
11. The means by which the facility provides, or makes arrangements for the provision of the following:
 - a. Other medical, special assessments and therapeutic services;
 - b. Patient education services, whether provided from within or outside the facility;
 - c. Emergency services and crisis intervention; and
 - d. Discharge and aftercare, including post-therapy planning and follow-up evaluation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.4 When the facility is organized by departments or services, the written plan for professional services shall describe how each department or service relates to the goals and other programs of the facility, specify lines of responsibility within each department of service and define the roles of department or service personnel and the methods for interdisciplinary collaboration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.5 When a facility is organized on a team or unit basis, either totally or in part, the written plan for professional services shall delineate the roles and responsibilities of team members in meeting the identified clinical needs of patients and in relation to the goals and programs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.6 The written plan for professional services shall be made known and available to all professional personnel and to the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.7 The plan shall be reviewed at least annually, and revised as necessary, in relation to the changing needs of the patients, the community, and the overall objectives and goals of the facility, and it shall be signed and dated by the reviewers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.8 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients. Appropriately qualified professional staff may include qualified psychiatrists and other physicians, clinical psychologists, social workers, psychiatric nurses and other health care professionals in numbers and variety appropriate to the services offered by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.9 When appropriate qualified professional staff members are not available or needed on a full-time basis, arrangements shall be made to obtain sufficient services on an attending continuing consultation, or part-time basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.10 Facilities providing child and adolescent psychiatric services shall have available appropriately qualified mental health professionals and paraprofessionals including, but not limited to, the following:

1. Child psychiatrists;
2. Child psychologists;
3. Social workers;
4. Psychiatric nurses;
5. Child care workers;
6. Educators;
7. Speech, hearing and language specialists;
8. Activity and recreation specialists; and
9. Vocational counselors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.11 The staff shall be assigned full-time to the child/adolescent program and not shared with other programs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.12 The staff shall be specially trained to meet the needs of adolescents and children.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.13 There shall be documentation to verify that health care professional staff meets all federal, state and local requirements for licensing, registration or certification.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 13 STAFF COMPOSITION: PSYCHIATRIC SERVICES

Rule 40.13.1 Psychiatric services are under the supervision of a clinical director, service chief or equivalent, who is qualified to provide the leadership required for an intensive treatment program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.13.2 The director shall be certified by the American Board of Psychiatry and Neurology, or meet the training and experience requirements for examination by the Board (Board eligible). In the event the psychiatrist in charge of the clinical program is Board eligible, there is evidence of consultation given to the clinical program on a continuing basis from a psychiatrist certified by the American Board of Psychiatry and neurology.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.13.3 The number of psychiatrists is commensurate with the size and scope of the treatment program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.13.4 All psychiatrists shall be licensed by the State of Mississippi.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 14 MEDICAL SERVICES

Rule 40.14.1 Physicians shall be available at all times to provide necessary medical and surgical diagnostic and treatment services, including specialized services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.14.2 If medical and surgical diagnosis and treatment services are not available within the institution, qualified consultants or attending physicians are immediately available or arrangements are made to transfer patients to a general hospital.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 15 NURSING SERVICES

Rule 40.15.1 Nursing services shall be under the direct supervision of a registered nurse who has had at least two (2) years of experience in psychiatric or mental health nursing and at least one (1) year of experience in a supervisory position.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.15.2 The number of registered professional nurses, licensed practical nurses, and other nursing personnel shall be adequate to formulate and carry out the nursing components of the individual treatment plan for each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.15.3 There shall be a registered professional nurse on duty 24 hours a day, seven days a week, to plan, assign, supervise and evaluate nursing care and to provide for the delivery of nursing care to patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 16 PSYCHOLOGICAL SERVICES

Rule 40.16.1 Patients shall be provided psychological services, in accordance with their needs by a qualified psychologist.

1. Services to patients include evaluations, consultations, therapy and program development.
2. A qualified psychologist is an individual by the State Board of Psychological Examiners with a specialty area in Clinical or Counseling Psychology (refer to Mississippi Code of 1972, annotated and amended. Section 73-31-10).

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 17 SOCIAL SERVICES

Rule 40.17.1 Social work services are under the supervision of a qualified social worker. The director of the service or department shall have a master's degree from an accredited school of social work, or have been certified by the Academy of Certified Social Workers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.17.2 Social work staff is qualified and numerically adequate to provide the following services:

1. Psychosocial data for diagnosis and treatment planning.
2. Direct therapeutic services to individual patients, patient groups or families.
3. Develop community resources.
4. Participate in interdisciplinary conferences and meetings concerning treatment planning, including identification and utilization of other facilities and alternative forms of care and treatment.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 18 REHABILITATIVE SERVICES

Rule 40.18.1 Qualified therapists, consultants, assistants or aides are sufficient in number to provide comprehensive therapeutic activities, including at least occupational, recreational and physical therapy as needed to assure that appropriate treatment is rendered for each patient and to establish a therapeutic milieu.

1. Occupational therapy services are prescribed by a physician and provided to a patient by or under the direction of a qualified occupational therapist.
2. A qualified occupational therapist is an individual who is registered by the American Occupational Therapy Association; or is a graduate of a program in occupational therapy approved by the Council on Medical Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association.
3. Physical therapy services are prescribed by a physician and provided to a patient by or under the direction of a qualified therapist.
4. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; and who is licensed by the State.
5. Recreation services shall be supervised by a qualified recreation therapist. The qualified recreation therapist shall meet one of the following definitions:
 - a. A qualified therapeutic recreation specialist; or
 - b. A bachelor's degree in recreation and one (1) year of recreational experience in a health care setting; or
 - c. An associate degree in recreation or in a specialty area such as art or music plus completion of comprehensive in-service training in recreation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 19 PERSONNEL POLICIES AND PROCEDURES

Rule 40.19.1 Personnel policies and procedures shall be developed in writing, adopted and maintained to promote the objectives of the facility and to provide for an adequate number of qualified personnel during all hours of operation to support the functions of the facility and the provision of high quality care.

1. All personnel policies shall be reviewed and approved on an annual basis by the governing body.

2. There shall be documentation to verify that the written personnel policies and procedures are explained and made available to each employee.
3. The policies and procedures shall include a mechanism for determining that all personnel are medically and emotionally capable of performing assigned tasks and are free of communicable and infectious diseases.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.19.2 There shall be written policies and procedures for handling cases of patient neglect and abuse.

The policies and procedures on patient neglect or abuse shall be given to all personnel. Any alleged violations of these policies and procedures shall be investigated, and the results of such investigation shall be reviewed and approved by the director and reported to the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.19.3 A personnel record shall be kept on each staff member and shall contain the following items, as appropriate:

1. Application for employment;
2. Written references and a record of verbal references;
3. Verification of all training and experience, licensure, certification, registration and/or renewals.
4. Wage and salary information;
5. Performance appraisals;
6. Initial and subsequent health clearances;
7. Disciplinary and counseling actions;
8. Commendations;
9. Employee incident reports;
10. Record of orientation to the facility, its policies and procedures and the employee's position.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.19.4 For each position in the facility, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training and/or related work experience required or needed to fulfill it.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 20 STAFF DEVELOPMENT

Rule 40.20.1 The facility shall have a written plan of evidence of implementation of a program of staff development and in-service training that is consonant with the basic goals and objectives of the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.2 Staff development shall be under the supervision and direction of a committee or qualified person.

 This person or committee may delegate responsibility for any part of the program to appropriately qualified individuals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.3 The staff development plan shall include plans for orientation of new employees and shall specify subject areas to be covered in the orientation process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.4 Staff development program shall reflect all administrative and service changes in the facility and shall prepare personnel for promotions and responsibilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.5 A continuous professional education program shall be provided to keep the professional staff informed of significant clinical and administrative developments and skills.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.6 The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy, patients' rights, infection control, fire prevention, disaster preparedness, accident prevention and patient safety.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.7 Specialized training shall be provided for staff working with children and adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.8 The facility shall have documentation of the staff development, in-service training and orientation activities of all employees.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 21 PATIENT RIGHTS

Rule 40.21.1 The facility shall support and protect the fundamental human, civil, constitutional and statutory rights of each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.2 The facility shall have written policies and procedures that describe the rights of patients and the means by which these rights are protected and exercised. These rights shall include the following:

1. Each patient shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age or disabilities.
2. Each patient's personal dignity shall be recognized and respected in the provision of all care and treatment.
3. Each patient shall receive individualized treatment, which shall include at least the following:
 - a. The provision of adequate and human services regardless of source(s) of financial support;
 - b. The provision of services within the least restrictive environment possible;
 - c. The provision of an individual treatment plan;
 - d. The periodic review of the patient's treatment plan;
 - e. The active participation of patients over twelve (12) years of age and their responsible parent, relative, or guardian in planning for treatment; and
 - f. The provision of an adequate number of competent, qualified and experienced professional clinical staff to supervise and implement the treatment plan.
4. Each patient's personal privacy shall be assured and protected within the constraints of the individual treatment plan.
 - a. The patient's family and significant others, regardless of their age, shall be allowed to visit the patient, unless such visits are clinically contraindicated.
 - b. Suitable areas shall be provided for patients to visit in private, unless such privacy is contraindicated by the patient's treatment plan.
 - c. Patients shall be allowed to send and receive mail without hindrance.

- d. Patients shall be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated.
 - e. If therapeutic indications necessitate restrictions on visitors, telephone calls, or other communications, those restrictions shall be evaluated for therapeutic effectiveness by the clinically responsible staff at least every seven days.
 - f. If limitations on visitors, telephone calls or other communications are indicated for practical reasons (for example, expense of travel or phone calls) such limitations shall be determined with the participation of the patient and the patient's family. All such restrictions shall be fully explained to the patient and the patient's family.
5. Each patient has the right to request the opinion of a consultant at his or her expense or to request an in-house review of the individual treatment plan, as provided in specific procedures of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.3 Each patient shall be informed of his or her rights in a language the patient understands.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.4 Each patient shall receive a written statement of patient rights and a copy of this statement shall be posted in various areas of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.5 As appropriate, the patient, the patient's family or the patient's legal guardian shall be fully informed about the following items:

1. The rights of patients;
2. The professional staff members responsible for his or her care, their professional status and their staff relationship;
3. The nature of the care, procedures and treatment that he or she will receive;
4. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies or photographs;
5. The risks, side effects and benefits of all medications and treatment procedures used, especially those that are unusual or experimental;
6. The alternate treatment procedures that are available;

7. The right to refuse to participate in any research project without compromising his or her access to facility services;
8. The right to the extent permitted by law, to refuse specific medications or treatment procedures;
9. The responsibility of the facility when the patient refuse treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice;
10. As appropriate, the cost, itemized when possible, of services rendered;
11. The source of the facility's reimbursement and any limitations placed on duration of services;
12. The reasons for any proposed change in the professional staff responsible for the patient, or for any transfer of the patient either within or outside of the facility.
13. The rules and regulations of the facility applicable to his or her conduct;
14. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint;
15. The discharge plans; and
16. The plans for meeting continuing mental and physical health requirements following discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.6 In accordance with the requirements of any applicable law or any other applicable standard in this manual, a written, dated and signed informed consent form shall be obtained from the patient, the patient's family or the patient's legal guardian, as appropriate, for participation in any research project and for use or performance of the following:

1. Surgical procedures;
2. Electroconvulsive therapy;
3. Unusual medications;
4. Hazardous assessment procedures;
5. Audiovisual equipment; and
6. Other procedures where consent is required by law.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.7 The maintenance of confidentiality of communications between patients and staff and of all information recorded in patient records shall be the responsibility of all staff. (Refer to the patient records section of this manual.) The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality and privacy.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.8 The patient shall be allowed to work for the service provider only under the following conditions:

1. The work is part of the individual treatment plan;
2. The work is performed voluntarily;
3. The patient receives wages commensurate with the economic value of the work; and
4. The work project complies with local, state and federal laws and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 22 SPECIAL TREATMENT PROCEDURES

Rule 40.22.1 Treatment procedures that require special justification shall include, but not necessarily be limited to the following:

1. The use of restraint;
2. The use of seclusion;
3. The use of electroconvulsive therapy and other forms of convulsive therapy;
4. The performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder;
5. The use of behavior modification procedures that use painful stimuli;
6. The use of unusual medications and investigational and experimental drugs;
7. The prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve substantial risk or to be associated with undesirable side effects; and
8. The use of research projects that involve inconvenience or risk to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.2 The rationale for using special treatment procedures shall be clearly stated in the patient's record.

1. When appropriate, there shall be evidence in the patient's record that proposed special treatment procedures have been reviewed before implementation by the head of the professional staff and/or his or her designee.
2. The plan for using special treatment procedures shall be consistent with the patient's rights and the facility's policies governing the use of such procedures.
3. The clinical indications for the use of special treatment procedures shall be documented in the patient's record.
4. The clinical indications for the use of special treatment procedures shall outweigh the known contraindications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.3 The facility shall have written policies and procedures that govern the use of restraint or seclusion.

1. The use of restraint or seclusion shall require clinical justification and shall be employed only to prevent a patient from injuring himself or others, or to prevent serious disruption of the therapeutic environment. Restraint or seclusion shall not be employed as punishment or for the convenience of staff.
2. The rationale for the use of restraint or seclusion shall address the inadequacy of less restrictive intervention techniques.
3. To ascertain that the procedure is justified, a physician shall conduct a clinical assessment of the patient before writing an order for the use of restraint or seclusion.
4. A written order from a physician shall be required for the use of restraint.
5. A written order from a physician shall be required for the use of seclusion for longer than one (1) hour.
6. Written orders for the use of restraint or seclusion shall be time-limited.
7. The written approval of the head of the professional staff and/or his or her designee shall be required when restraint or seclusion is utilized for longer than 24 hours.
8. PRN orders shall not be used to authorize the use of restraint or seclusion.
9. All uses of restraint or seclusion shall be reported daily to the head of the professional staff and/or his or her designee.

10. The head of the professional staff and/or his or her designee shall review daily all uses of restraint or seclusion and investigate unusual or possibly unwarranted patterns of utilization.
11. Staff, who implement written orders for restraint and seclusion, shall have documented training in the proper use of the procedure for which the order was written.
12. Restraint or seclusion shall not be used in a manner that causes undue physical discomfort, harm or pain to the patient.
13. Appropriate attention shall be paid every 15 minutes to a patient in restraint or seclusion, especially in regard to regular meals, bathing and use of the toilet.
14. There shall be documentation in the patient's record that such attention was given to the patient.
15. Under the following conditions, restraint or seclusion may be employed in an emergency without a written order from a physician:
 - a. the written order for restraint or seclusion is given by a member of the professional staff who is qualified by experience and training in the proper use of the procedure for which the order is written;
 - b. the professional staff member writing the order has observed and assessed the patient before writing the order; and
 - c. the written order of the physician who is responsible for the patient's medical care is obtained within not more than eight (8) hours after initial employment of the restraint or seclusion.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.4 The facility shall have written policies and procedures that govern the use of electroconvulsive therapy and other forms of convulsive therapy.

1. The written informed consent of the patient for the use of electroconvulsive therapy or other forms of convulsive therapy shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.
2. When required, the written informed consent of the family and/or legal guardian for the use of electroconvulsive therapy or other forms of convulsive therapy shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.
3. In cases dealing with children or adolescents, the responsible parent(s), relative or guardian, and, when appropriate, the patient shall give written, dated and signed informed consent for the use of electroconvulsive therapy or other forms of

convulsive therapy. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.5 Electroconvulsive therapy or other forms of convulsive therapy shall not be administered to children or adolescents unless, prior to the initiation of treatment, two (2) qualified psychiatrists who have training or experience in the treatment of children and adolescents and who are not affiliated with the treating program have examined the patient, have consulted with the responsible psychiatrist, and have written and signed reports in the patient's record that concur with the decision to administer such therapy. The record of patients under the age of thirteen (13) shall contain documentation that such examinations and consultations were carried out by qualified child psychiatrists.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.6 The facility shall have written policies and procedures that govern the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder in an adult patient.

1. Psychosurgery shall not be performed on any adult patient unless, prior to the initiation of such treatment, a qualified psychiatrist and a neurosurgeon who are not affiliated with the treating program have examined the patient, have consulted with the responsible psychiatrist and have written and signed reports in the patient's record that concur with the decision to perform psychosurgery.
2. The patient's record shall contain documentation of such examinations and consultations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.7 The written informed consent of the adult patient for the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional, or behavioral disorder shall be obtained and made part of the patient's record. The patient may withdraw consent at any time. When required, the written informed consent of the family and/or legal guardian for the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder in an adult patient shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.8 The facility shall have policies that prohibit the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of a mental, emotional or behavioral disorder in children or adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.9 Behavior modification procedures that use painful stimuli shall be documented in the patient's record. Such documentation shall include the rationale or justification for the use of the procedure, the required authorization, a description of the procedures employed to protect the patient's safety and rights, and a description of the behavior modification procedures to be used.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.10 The written informed consent of the patient for the use of behavior modification procedures that use painful stimuli shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

1. When required, the written informed consent of the family and/or legal guardian shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.
2. In cases dealing with children or adolescents, the responsible parent(s), relative or guardian and, when appropriate, the patient shall given written, dated and signed informed consent. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.11 The facility shall have written policies and procedures that govern the use of unusual medications and investigational and experimental drugs.

1. Unusual or experimental drugs shall be reviewed before use by the research review committee, the patient rights' review committee, or another appropriate peer review committee.
2. Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of the physician members of the professional staff or an appropriate committee of the professional staff, the research review committee and appropriate federal, state and local agencies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.12 A central unit shall be established to maintain essential information on investigational drugs, such as drug dosage form, dosage range, storage requirements, adverse reactions, usage and contraindications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.13 Investigational drugs shall be properly labeled.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.14 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.15 The written informed consent of the patient for the use of unusual medications or investigational or experimental drugs shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

1. When required, the written informed consent of the family and/or legal guardian for the use of unusual medication or investigational or experimental drugs shall be obtained and made part of the patient record. The family and/or guardian may withdraw consent at any time.
2. In cases dealing with children and adolescents, the responsible parent(s), relative, or guardian and, when appropriate, the patient shall give written, dated and signed informed consent, unless prohibited by law. The family an/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.
3. The denial of consent to take unusual medications of investigational or experimental drugs shall not be cause for denying or altering services indicated for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.16 The facility shall have written policies and procedures that govern the prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve a substantial risk or be associated with undesirable side effects.

1. Drugs that have abuse potential shall be prescribed and administered for maintenance use only when the following criteria are met:
 - a. A physician member of the professional staff has reviewed the patient's record and has recorded the reasons for prescribing the drug(s) in the patient's record;
 - b. The prescribed drug is listed in the facility's formulary; and
 - c. Prior to the administration of the drug, the patient and, when required by law, the patient's parent(s) or guardian are informed orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.17 The facility shall have written policies and procedures that protect the rights of patients involved in research projects that involve inconvenience or risk to the patient. The policies and procedures shall require a statement of the rationale for

a patient's participation in any research project that involves inconvenience to risk to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 23 PATIENT RECORDS

Rule 40.23.1 A patient record shall be maintained, in accordance with accepted professional principles, for each patient admitted for care in the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.2 Such records shall be kept confidential and only authorized personnel shall have access to the record. Staff members and other persons having access to patient records shall be required to abide by the written policies confidentiality of patient records and disclosure of information in the record, as well as, all applicable federal, state and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.3 The facility shall have written policies and procedures that protect the confidentiality of patient records and govern the disclosure of information in the records. The policies and procedures shall specify the conditions under which information on applicants or patients may be disclosed and the procedures for releasing such information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.4 A patient or his or her authorized representative may consent to the release of information provided that written consent is given on a form containing the following information:

1. Name of patient;
2. Name of program;
3. The name of the person, agency or organization to which the information is to be disclosed;
4. The specific information to be disclosed;
5. The purpose for the disclosure;
6. The date the consent was signed and the signature of the individual witnessing the consent;
7. The signature of the patient, parent, guardian or authorized representative; and
8. A notice that the consent is valid only for a specified period of time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.5 The written consent of a patient, or his or her authorized representative, to the disclosure of information shall be considered valid only if the following conditions have been met:

1. The patient or the representative shall be informed, in a manner calculated to assure his or her understanding, of the specific type of information that has been requested and, if known, the benefits and disadvantages of releasing the information;
2. The patient or the representative shall give consent voluntarily;
3. The patient or the representative shall be informed that the provision of services is not contingent upon his or her decision concerning the release of information; and
4. The patient's consent shall be acquired in accordance with all applicable federal, state and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.6 Every consent for release of information, the actual date the information was released, the specific information released, and the signature of the staff member who released the information shall be made a part of the patient record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.7 In a life-threatening situation or when an individual's condition or situation precludes the possibility of obtaining written consent, the facility may release pertinent medical information to the medical personnel responsible for the individual's care without the individual's consent and without the authorization of the Chief Executive Officer or a designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

1. When information has been released under emergency conditions, the staff member responsible for the release of information shall enter all pertinent details of the transaction into the individual's record including at least the following items:
 - a. The date the information was released;
 - b. The person to whom the information was released;
 - c. The reason the information was released;
 - d. The reason written consent could not be obtained; and
 - e. The specific information released.
2. The patient or applicant shall be informed that the information was released as soon as possible after the release of information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.8 Patient records shall not be removed from the facility except upon subpoena and court order.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 24 PRESERVATION AND STORAGE

Rule 40.24.1 Records shall be preserved, either in the original or by microfilm, for a period of time not less than that determined by the statute of limitations in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.24.2 Written policies and procedures shall govern the compilation, storage, dissemination and accessibility of patient records. The policies and procedures shall be designed to assure that the facility fulfills its responsibility to safeguard and protect the patient record against loss, unauthorized alteration, or disclosure of information; to assure that each patient record contains all required information; to uniformity in the format and forms in use in patient records; to require entries in patient records to be dated and signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.24.3 The facility shall provide facilities for the storage, processing and handling of patient records, including suitably locked and secured rooms and files. When a facility stores patient data on magnetic tape, computer files, or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data. A written policy shall govern the disposal of patient records. Methods of disposal shall be designed to assure the confidentiality of information in the records.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 25 PERSONNEL

Rule 40.25.1 The patient records department shall maintain, control and supervise the patient records, and shall be responsible for maintaining the quality.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.25.2 A qualified medical record individual who is employed on at least a part-time basis, consistent with the needs of the facility and the professional staff, shall be responsible for the patient records department. This individual shall be a registered record administrator or an accredited record technician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.25.3 When it can be demonstrated that the size, location or needs of the facility do not justify employment of a qualified individual, the facility must secure the consultative assistance of a registered record administrator at least twice a year to assure that the patient record department is adequate to meet the needs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 26 CENTRALIZATION OF REPORTS

Rule 40.26.1 All clinical information pertaining to a patient's stay shall be centralized in the patient's record.

1. The original or all reports originating in the facility shall be filed in the medical record.
2. Appropriate patient records shall be kept on the unit where the patient is being treated and shall be directly accessible to the clinician caring for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 27 CONTENT OF RECORDS

Rule 40.27.1 The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The patient record shall describe the patient's health status at the time of admission, the services provided and the patient's progress in the facility, and the patient's health status at the time of discharge. The patient record shall provide information for the review and evaluation of the treatment provided to the patient. When appropriate, data in the patient record shall be used in training, research, evaluation and quality assurance programs. When indicated, the patient record shall contain documentation that the rights of the patient and of the patient's family are protected. The patient record shall contain documentation of the patient's and, as appropriate, family members' involvement in the patient's treatment program. When appropriate, a separate record may need to be maintained on each family member involved in the patient's treatment program. The patient record shall contain identifying data that is recorded on standardized forms. This identifying data shall include the following:

1. Full name;
2. Home address;
3. Home telephone number;
4. Date of birth;
5. Sex;

6. Race or ethnic origin;
7. Next of kin;
8. Education;
9. Marital status;
10. Type and place of employment;
11. Date of initial contact or admission to the facility;
12. Legal status, including relevant legal documents;
13. Other identifying data as indicated;
14. Date the information was gathered; and
15. Signature of the staff member gathering the information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.2 The patient record shall contain information on any unusual occurrences such as the following:

1. Treatment complications;
2. Accidents or injuries to the patient;
3. Morbidity;
4. Death of a patient; and
5. Procedures that place the patient at risk or that cause unusual pain.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.3 As necessary, the patient record shall contain documentation of the consent of the patient, appropriate family members or guardians for admission, treatment, evaluation, aftercare or research.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.4 The patient record shall contain both physical and psychiatric diagnoses that have been made using a recognized diagnostic system.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.5 The patient record shall contain reports of laboratory, roentgenographic, or other diagnostic procedures and reports of medical/surgical services when performed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.6 The patient record shall contain correspondence concerning the patient's treatment, and signed and dated notations of telephone calls concerning the patient's treatment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.7 A discharge summary shall be entered in the patient's record within a reasonable period of time (not to exceed 14 days) following discharge as determined by the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.8 The patient record shall contain a plan for aftercare.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.9 All entries in the patient record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by the professional staff, and only when there is an explanatory legend. Symbols and abbreviations shall not be used in the recording of diagnoses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.10 When a patient dies, a summation statement shall be entered in the record in the form of a discharge summary. The summation statement shall include the circumstances leading to death and shall be signed by a physician. An autopsy shall be performed whenever possible. When an autopsy is performed, a provisional anatomic diagnosis shall be recorded in the patient's record within 72 hours. The complete protocol shall be made part of the record within three (3) months.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 28 PROMPTNESS OF RECORD COMPLETION

Rule 40.28.1 Current records shall be completed promptly upon admission. Records of patients discharged shall be completed within 14 days following discharge. The staff regulations of the facility shall provide for the suspension or termination of staff privileges of physicians who are persistently delinquent in completing records.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 29 IDENTIFICATION, FILING AND INDEXING

Rule 40.29.1 A system of identification and filing to ensure the prompt location of a patient's medical record shall be maintained.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.29.2 The patient index cards shall bear at least the full name of the patient, the address, the birth date and the medical record number.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.29.3 Records shall be indexed according to disease and physician, and shall be kept up to date. For indexing, any recognized system may be used.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.29.4 Indexing shall be current within six (6) months following discharge of the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 30 FACILITY AND PROGRAM EVALUATION

Rule 40.30.1 Program evaluation is a management tool primarily utilized by the facility's administration to assess and monitoring, on a priority bases, a variety of facility, service and programmatic activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.2 The facility shall have a written statement of goals and objectives.

1. The goals and objectives shall result from a planning process.
2. The goals and objectives shall be related to the needs of the population served.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.3 The written statement of the goals and objectives of the facility service and programmatic activities shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.4 The facility shall have a written plan for evaluating its progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.5 The written plan shall specify the information to be collected and the methods to be used in retrieving and analyzing this information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.6 The written plan shall specify methods for assessing the utilization of staff and other resources to meet facility goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.7 The written plan shall specify when evaluations shall be conducted.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.8 The written plan shall specify the criteria to be used in assessing the facility's progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.9 The written plan shall require an explanation of any failure to achieve facility goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.10 There shall be documentation that the goals and objectives of facility, service and programmatic activities shall be evaluated at least annually and revised as necessary.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.11 There shall be documentation that the results of the evaluation shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.12 There shall be documentation that the findings of the evaluation have influenced facility and program planning.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 31 FISCAL MANAGEMENT

Rule 40.31.1 The facility shall annually prepare a formal, written budget of expected revenues and expenses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.2 The budget shall categorize revenues for the facility by source.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.3 The budget shall categorize expenses by the types of services of programs provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.4 The budget shall be reviewed and approved by the governing body prior to the beginning of the fiscal year.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.5 Revisions made in the budget during the fiscal year shall be reviewed and approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.6 The fiscal management system shall include a fee schedule.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.7 The facility shall maintain current, written schedules of rate and charge policies that have been approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.8 The fee schedule shall be accessible to personnel and to individuals served by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 32 UTILIZATION REVIEW

Rule 40.32.1 The facility shall demonstrate appropriate allocation of its resources by conducting a utilization review program. The program shall address underutilization, over-utilization and inefficient scheduling of the facility's resources.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.2 The facility shall implement a written plan that describes the utilization review program and governs its operations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.3 The written plan shall include at least the following:

1. a delineation of the responsibilities and authority of those involved in utilization review activities, including members of the professional staff, the utilization review committees, the administration, and when applicable, any qualified outside organization contracted to perform review activities;

2. a conflict of interest policy applicable to everyone involved in utilization review activities;
3. a confidentiality policy applicable to all utilization review activities and to resultant findings and recommendations;
4. a description of the method(s) used to identify utilization-related problems;
5. the procedures for conducting concurrent review; and
6. a mechanism for initiating discharge planning.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.4 The written plan shall be approved by the professional staff, the administration, and the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.5 The methods for identifying utilization-related problems shall include analysis of the appropriateness and clinical necessity of admission, continued stays, and supportive services; analysis of delays in the provision of supportive services; and examination of the findings of related quality assurance activities and other current relevant documentation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.6 Such documentation may include, but is not limited to, profile analyses; the results of patient care evaluation studies, medication usage reviews, and infection control activities; and reimbursement agency utilization reports that are program/service-specific.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.7 To identify problems and document the impact of corrective actions taken, retrospective monitoring of the facility's utilization of resources shall be ongoing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.8 The procedures for conducting concurrent review shall specify the time period following admission within which the review is to be initiated and the length-of-stay norms and percentiles to be used in assigning continued stay review dates.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.9 Sources of payment shall not be the sole basis for determining which patients are to be reviewed concurrently.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.10 Written measurable criteria and length-of-stay norms that have been approved by the professional staff shall be utilized in performing concurrent review and shall be included in, or appended to, the facility's utilization review plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.11 Length-of-stay norms must be specific to diagnoses, problems, or procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.12 To facilitate discharge when care is no longer required, discharge planning shall be initiated as soon as the need for it can be determined.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.13 Criteria for initiating discharge planning may be developed to identify those patients whose diagnoses, problems or psychosocial circumstances usually require discharge planning.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.14 Discharge planning shall not be limited to placement in long term facilities, but shall also include provision for, or referral to, services that the patient may require to improve or maintain his or her mental health status.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.15 The facility's utilization review program, including the written plan, criteria, and length-of-stay norms, shall be reviewed and evaluated at least annually and revised as necessary to reflect the findings of the program's activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.16 A record shall be maintained or reviews of, and revisions to, the utilization review program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.17 The findings of such reviews shall be reported to the appropriate committee of the professional staff and to the governing body.

SOURCE: Miss. Code Ann. §41-9-17

**Subchapter 33 INDIVIDUALIZED COMPREHENSIVE TREATMENT
 PLANNING: INTAKES**

Rule 40.33.1 Written policies and procedures governing the intake process shall specify the following: a. the information to be obtained on all applicants or referrals for admission; b. the records to be kept on all applicants; c. the statistical data to be

kept on the intake process; and d. the procedures to be followed when an applicant or a referral is found ineligible for admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.2 Criteria for determining the eligibility of individuals for admission shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.3 The intake procedure shall include an initial assessment of the patient.

1. The intake assessment shall be done by professional staff. The results of the intake assessment shall be clearly explained to the patient.
2. The results of the intake assessment shall be clearly explained to the patient's family when appropriate.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.4 Acceptance of a patient for treatment shall be based on an intake procedure that results in the following conclusions: a. the treatment required by the patient is appropriate to the intensity and restrictions of care provided by the facility or program component; and/or b. the treatment required can be appropriately provided by the facility or program component; and c. the alternatives for less intensive and restrictive treatment are not available. The patient record shall contain the source of any referral.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.5 During the intake process, every effort shall be made to assure that applicants understand the following: a. the nature and goals of the treatment program; b. the treatment costs to be borne by the patient, if any; and c. the rights and responsibilities of patients, including the rules governing patient conduct and the types of infractions that can result in disciplinary action or discharge from the facility or program component.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.6 Facilities shall have policies and procedures that adequately address the following items for each patient: a. responsibility for medical and dental care, including consents for medical or surgical care and treatment; b. when appropriate, arrangements for family participation in the treatment program; c. arrangements for clothing, allowances, and gifts; d. arrangements regarding the patient's departure from the facility or program; and e. arrangements regarding the patient's departure from the facility or program against clinical advice.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.7 When a patient is admitted on court order, the rights and responsibilities of the patient and the patient's family shall be explained to them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.8 This explanation of the rights and responsibilities of the patient and the patient's family shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.9 Sufficient information shall be collected during the intake process to develop a preliminary treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.10 Staff members who will be working with the patient but who did not participate in the initial assessment shall be informed about the patient prior to meeting him or her.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 34 ASSESSMENTS

Rule 40.34.1 Within 72 hours of admission, the staff shall conduct a complete assessment of each patient's needs. The assessment shall include, but shall not necessarily be limited to physical, emotional, behavioral, social, recreational, nutritional, and when appropriate, legal and vocational.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.2 A licensed physician shall be responsible for assessing each patient's physical health. The health assessment shall include a medical history; a physical examination; and neurological examination when indicated and a laboratory workup. The physical examination shall be completed within 24 hours after admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.3 In facilities serving children and adolescents, each patient's physical health assessment shall also include evaluations of the following: motor development and functioning; sensorimotor functioning; speech, hearing, and language functioning, visual functioning; and immunization status. Facilities serving children and adolescents shall have all necessary diagnostic tools and personnel available to perform physical health assessments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.4 A registered nurse shall be responsible for obtaining a nursing history and assessment at the time of admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.5 A psychiatric evaluation of each patient shall be completed and entered in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.6 The evaluation shall include, but not be limited to, the following items: a. a history of previous emotional, behavioral, and psychiatric problems and treatment; b. the patient's current emotional and behavioral functioning; c. when indicated, psychological assessments, including intellectual and personality testing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.7 A social assessment of each patient shall be completed by the qualified social worker and entered in the patient's record. The assessment shall include information relating to the following areas, as necessary:

1. environment and home
2. religion
3. childhood history
4. military service history
5. financial status
6. the social, peer-group, and environmental setting from which the patient comes; and g. the patient's family circumstances, including the constellation of the family group, the current living situation, and social, ethnic, cultural, emotional, and health factors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.8 A recreational assessment of each patient shall be completed by the qualified recreational director and shall include information relating to the individual's current skills, talents, aptitudes, and interests.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.9 A nutritional assessment shall be conducted by the food service supervisor or registered dietitian and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.10 When appropriate, a vocational assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas: a. vocational therapy b. educational history, including academic and vocational training, and c. a preliminary discussion between the individual and the staff member doing the assessment concerning the individual's past experiences with, and attitudes toward work, present motivations or areas of interest, and possibilities for future education, training, and employment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.11 When appropriate, a legal assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas:

1. A legal history; and
2. A preliminary discussion to determine the extent to which the individual's legal situation will influence his or her progress in treatment and the urgency of the legal situation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 35 TREATMENT PLANS

Rule 40.35.1 Each patient shall have a written individual treatment plan that is based on assessments of his or her clinical needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.2 Overall development and implementation of the treatment plan shall be assigned to an appropriate member of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.3 The treatment plan shall be developed as soon as possible after the patient's admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.4 Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.5 Upon admission, a preliminary treatment plan shall be formulated on the basis of the intake assessment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.6 Within 72 hours following admission a designated member of the treatment team shall develop an initial treatment plan that is based on at least an assessment of the patient's presenting problems, physical health, emotional status, and behavioral status. This initial treatment plan shall be utilized to implement immediate treatment objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.7 If a patient's stay in a facility is ten days or less, only a discharge summary will be required in addition to the initial treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.8 If a patient's stay in a facility exceeds ten days, the interdisciplinary team shall develop a master treatment plan that is based on a comprehensive assessment of the patient's needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.9 The master treatment plan shall contain objectives and methods for achieving them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.10 The treatment plan shall reflect the facility's philosophy of treatment and the participation of staff from appropriate disciplines.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.11 The treatment plan shall reflect consideration of the patient's clinical needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.12 The treatment plan shall specify the services necessary to meet the patient's needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.13 The treatment plan shall include referrals for needed services that are not provided directly by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.14 The treatment plan shall contain specific goals that the patient must achieve to attain, maintain, and/or reestablish emotional and/or physical health as well as maximum growth and adaptive capabilities. These goals shall be based on assessments of the patient and, as appropriate, the patient's family.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.15 The treatment plan shall contain specific objectives that relate to the goals, are written in measurable terms, and include expected achievement dates.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.16 The treatment plan shall describe the services, activities, and programs planned for the patient, and shall specify the staff members assigned to work with the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.17 The treatment plan shall specify the frequency of treatment procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.18 The treatment plan shall delineate the specific criteria to be met for termination of treatment. Such criteria shall be a part of the initial treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.19 When appropriate, the patient shall participate in the development of his or her treatment plan, and such participation shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.20 A specific plan for involving the family or significant others shall be included in the treatment plan when indicated.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 36 PROGRESS NOTES

Rule 40.36.1 Progress notes shall be recorded by the physician, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least weekly for the first two (2) months and at least monthly thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.36.2 Progress notes shall be entered in the patient's record and shall include the following: a. documentation of implementation of the treatment plan b. documentation of all treatment rendered to the patient c. description of change in the patient's condition; and d. descriptions of the response of the patient to treatment, the outcome of treatment, and the response of significant others to important intercurrent events.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.36.3 Progress notes shall be dated and signed by the individual making the entry.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.36.4 All entries involving subjective interpretation of the patient's progress should be supplemented with a description of the actual behavior observed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 37 TREATMENT PLAN REVIEW

Rule 40.37.1 Interdisciplinary case conferences shall be regularly conducted to review and evaluate each patient's treatment plan and his or her progress in attaining the stated treatment goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.37.2 Interdisciplinary case conferences shall be documented, and the results of the review and evaluation shall be recorded in the patient's record. The review and update shall be completed no later than thirty (30) days following the first 10 days of treatment and at least every 60 days thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 38 DISCHARGE PLANNING/AFTERCARE

Rule 40.38.1 The facility maintains a centralized coordinated program to ensure that each patient has a planned program of continuing care which meets his post-discharge needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.2 Each patient shall have an individualized discharge plan which reflects input from all disciplines involved in his care. The patient, patient's family, and/or significant others shall be involved in the discharge planning process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.3 Discharge planning data shall be collected at the time of admission or within seven (7) days thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.4 The Chief Executive Officer shall delegate the responsibility for discharge planning, in writing, to one or more staff members.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.5 The facility shall maintain written discharge planning policies and procedures which describe:

1. How the discharge coordinator will function, and his authority and relationships with the facility's staff;
2. The time period in which each patient's need for discharge planning is determined (within seven days after admission).
3. The maximum time period after which re-evaluation of each patient's discharge plan is made.
4. Local resources available to the facility and the patient to assist in developing and implementing individual discharge plan; and e. Provisions for periodic review and re-evaluation of the facility's discharge planning program (at least annually).

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.6 An interdisciplinary case conference shall be held prior to the patient's discharge. The discharge/aftercare plan shall be reviewed with the patient, patient's family and/or significant others.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.7 The facility shall have documentation that the aftercare plan has been implemented and shall have documentation of follow-ups to assure referrals to appropriate community agencies.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 39 DISCHARGE SUMMARY

Rule 40.39.1 A discharge summary shall be entered in the patient's record within fourteen (14) days following discharge. The discharge summary shall include but not be limited to: a. reason for admission b. brief summary of treatment c. reason for discharge d. assessment of treatment plan goals and objectives. Recommendations and arrangements for further treatment, including prescribed medications and aftercare.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 40 SUPPORT SERVICES: PHARMACY

Rule 40.40.1 **Direction and Supervision:** The hospital shall have a pharmacy directed by a registered pharmacist, who has had, by education or experience, training in the specialized area of hospital pharmacy. The pharmacy or drug room shall be administered in accordance with accepted professional principles. The pharmacist shall be assisted, as needed, by additional qualified pharmacists and ancillary personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.40.2 Pharmacy assistants shall work under the supervision of a pharmacist and shall not be assigned duties that are required to be performed only by registered pharmacists.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.40.3 Provision shall be made for emergency pharmaceutical services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.40.4 If the hospital has 50 beds or less, and if no full-time pharmacists are employed by the hospital; and if medications administered to patients in the hospital are dispensed by pharmacist(s) elsewhere (i.e. outside the hospital)...then the hospital must have arrangements with a consultant pharmacist who shall supervise all matters pertaining to medication handling in the hospital. The hospital must have a written agreement with the consultant pharmacist to provide services on a routine basis to the hospital. The consultant pharmacist must make regular visits to the hospital to ensure the proper procurement, storage, recordkeeping, administration, and disposal of medications within the hospital. The consultant pharmacist must submit a written report, at least monthly, to the administrator upon the status of the performance of nursing personnel in the areas of drug handling as mentioned above. The report shall include any discrepancies in recordkeeping the consultant pharmacist finds during his/her inspection of the hospital. The consultant pharmacist shall meet all other requirements for Pharmacist as outlined under the other Subchapters 40 through 50.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 41 RECORDS

Rule 40.41.1 Records shall be kept of the transactions of the pharmacy (or drug room) and correlated with other hospital records where indicated. Such special records shall be kept as required by law.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.41.2 The pharmacy shall establish and maintain a satisfactory system of records and accountability in accordance with the policies of the hospital for maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.41.3 A record of the stock on hand and of the dispensing of all narcotic drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.41.4 Where possible, the label of each outpatient's individual prescription medication container shall bear the lot and control number of the drug, the name of the manufacturer (or trademark) and, unless the physician directs otherwise, the name of the medication dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 42 CONTROL OF TOXIC OR DANGEROUS DRUGS

Rule 40.42.1 Policies shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. The facility shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, shall be automatically stopped after a reasonable time limit. The classification ordinarily thought of as toxic, dangerous or abuse drugs shall be varcotics, sedatives, anticoagulants, antibiotics, oxytocics and cortisone products, and shall include other categories so established by federal, state or local laws.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 43 DRUGS TO BE DISPENSED

Rule 40.43.1 The pharmacist, with the advice and guidance of the pharmacy and therapeutics committee, shall be responsible for specifications as to quality, quantity, and source of supply of all drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.2 There shall be available a formulary or list of drugs accepted for use in the facility which is developed and amended at regular intervals by the pharmacy and therapeutics committee (or equivalent committee) with the cooperation of the pharmacist and the administration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.3 The pharmacy of drug room shall be adequately supplied with preparations as approved.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.4 **Committee.** There shall be a pharmacy and therapeutics committee (or equivalent committee), composed of physicians and pharmacists, and registered professional nurses, established in the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.5 It shall represent the organization line of communication and the liaison between the professional staff and the pharmacist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.6 The committee shall assist in the formulation of board professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and safety procedures, and all other matters relating to drugs in hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.7 The committee shall perform the following specific functions: a. Serve as an advisory group to the professional staff and the pharmacist on matters pertaining to the choice of drugs; b. develop and review periodically a formulary or drug list for use in the facility; c. establish standards concerning the use and control of investigational drugs and research in the use of recognized drugs; d. evaluate clinical data concerning new drugs or preparations requested for use in the facility; e. make recommendations concerning drugs to be stocked on the nursing unit floors and by other services; and f. prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.8 The committee shall meet at least quarterly and report to the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 44 MEDICATION CONTROL

Rule 40.44.1 The facility shall have written policies and procedures designed to ensure that all medications are dispensed and administered safely and properly in accordance with the applicable federal, state, and local laws and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.2 Medication orders shall be written only by authorized prescribers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.3 An up-to-date list of authorized prescribers shall be available in all areas where medication is dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.4 Telephone orders shall be accepted only from individuals on the list of authorized prescribers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.5 Telephone orders shall be limited to emergency situations that have been defined in writing in the facility's policies and procedures manual.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.6 Telephone orders shall be accepted and written in the patient's record only by staff authorized to administer medication.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.7 Telephone orders shall be signed by an authorized prescriber on the next regular working day, but in all events within 72 hours.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.8 A written order signed by the authorized prescriber shall be include in patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.9 Medication orders that contain abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols are on a standard list approved by the physician members of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.10 There shall be automatic stop orders on specified medications. Refer to Rule 40.34. 1.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.11 There shall be a specific routine of drug administration, indicating dose schedules and standardization of abbreviations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.12 Only pharmacists, physicians, registered nurses, or licensed practical nurses shall administer medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.13 Self administration of medication shall be permitted only when specifically ordered by the responsible physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.14 Drugs brought into the facility by patients shall not be administered unless they can be absolutely identified, and unless written orders to administer these specific drugs are given by the responsible physician. If the drugs that the patient brings to the facility are not to be used, they shall be packaged, sealed, and stored, and, if approved by the responsible physician, they shall be returned to the patient, family, or significant others at the time of discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.15 The patient and, when appropriate, the family shall be instructed about which medications, if any, are to be administered at home.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.16 Medications administered, medication errors, and adverse drug reactions shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.17 Facilities should implement a reporting system under which the reporting program of the federal Food and Drug Administration and the drug manufacturer are advised of unexpected adverse drug reactions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.18 There shall be methods of detecting drug side effects or toxic reactions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.19 Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of research review committee and either the physician members of the professional staff or an appropriate committee of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.20 A central unit shall be established where essential information on investigational drugs, such as dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications, is maintained.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.21 Investigational drugs shall be properly labeled.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.22 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.23 The facility shall have specific methods for controlling and accounting for drug products.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.24 The pharmacy service shall maintain records of its transactions as required by law and as necessary to maintain adequate control of, and accountability for, all drugs. These records shall document all supplies issued to units, departments, or services of the facility, as well as all prescription drugs dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.25 Records and inventories of the drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act shall be maintained as required by the act and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.26 Distribution and administration of controlled drugs are adequately documented, and inspections of these records by the pharmacist is documented.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 45 EMERGENCY MEDICATION KIT

Rule 40.45.1 There is an emergency kit that is: a. made up under the supervision and responsibility of the pharmacist, and approved by the Pharmacy and Therapeutic Committee; b. readily available to staff yet not accessible to patients; c. constituted so as to be appropriate to the needs of the patients; and d. inspected monthly to remove deteriorated and outdated drugs and to ensure completeness of content.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.45.2 The pharmacist responsible for the emergency kit shall provide a list of its contents and appropriate instructions, and shall authenticate this list with his signature.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 46 STORAGE OF DRUGS

Rule 40.46.1 Drug storage shall be maintained in accordance with the security requirements of federal, state, and local laws. Drug preparation areas and drug storage areas shall be well-lighted and shall be so located that personnel will not be interrupted when handling drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.2 All drugs shall be kept in locked storage.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.3 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate cabinets.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.4 Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment or container with proper security.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.5 Antidote charts and the telephone number of the Regional Poison Control Center shall be kept in all drug storage and preparation areas.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 47 SPACE FOR STORAGE OF DRUGS

Rule 40.47.1 Adequate space shall be provided in the Pharmacy for storage of drugs and for keeping of necessary records. The pharmacy shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs. Adequate space is defined on a minimum of 350 square feet for 50 beds or less; 500 sq. feet for 75 beds or less; 750 sq. ft. for 100 beds or less, and 1000 sq. ft. for 100 beds or more.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.47.2 If the hospital has 50 beds or less, and if no full-time pharmacists are employed by the hospital, and if medications administered to patients in the hospital are dispensed by pharmacist(s) elsewhere (i.e. outside the hospital)...then only the storage of pre-dispensed, individual medications (either medication containers or unit-dose medications) shall be allowed in the hospital. The exception is for the allowance for Emergency Medications as outlined in Rule 40.45.1

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.47.3 Storage of medications, as outlined directly above, in the hospital shall be in an area to measure not less than 100 square feet of space. This storage area is to be designated as the Medication

Preparation Area/Room, and is to have the following personality:

1. Medication Refrigerator (for storage of drugs and biologicals);
2. Handwashing lavatory with hot water capability, and paper towel dispenser.
3. Medication Preparation Area/Room to have self-closing self-locking door(s);
4. Medication Preparation Area/Room to have its own environment control, i.e., its own thermostats and regulator of heating and air-conditioning. The air temperature in the Medication Preparation Area/Room is not to exceed 85 degrees Fahrenheit or fall below 50 degrees Fahrenheit.

5. Medication Preparation Area/Room to have counter-top space provided for medication preparation adequate to meet the needs of the hospital, but not less than 18 square feet of space (the hospital may ask for a variance of this requirement if medication carts are utilized with a unit-dose drug delivery system).
6. Medication Preparation Area/Room to have special, securely constructed cabinet(s) or area, adequate in size, for the storage of controlled substances in the hospital (the hospital may ask for a variance of this requirement if medication carts are utilized which are equipped with securely constructed controlled substance cabinets(s)).

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 48 QUALITY ASSURANCE ACTIVITIES

Rule 40.48.1 A pharmacist shall regularly review the medication records of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.48.2 All medication orders shall be reviewed monthly by the responsible physician. Adverse drug reactions and medication errors shall be reported to the physician responsible for the patient, and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.48.3 The pharmacist in charge of dispensing medications shall provide for monthly inspection of all storage units including emergency boxes and emergency carts.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.48.4 A record of these inspections shall be maintained in order to verify the following:

1. Disinfectants and drugs for external use are stored separately from internal and injectable medications.
2. Drugs requiring special conditions for storage to ensure stability are properly stored.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 49 FUNCTIONAL SAFETY AND SANITATION

Rule 40.49.1 Adequate precautions shall be taken to store medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.2 All drugs shall be kept in locked storage.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.3 Security shall be maintained in accordance with local and state laws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.4 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate containers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.5 Drugs preparation and storage areas shall be well lighted and shall be located where personnel will not be interrupted when handling drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.6 Metric-apothecaries' weight and measure conversion charts shall be posted in each drug preparation area and wherever else they are needed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 50 CONTINUING EDUCATION

Rule 40.50.1 The director of the pharmacy service shall receive orientation in the specialization functions of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.2 A pharmacist should participate in staff development programs for the clinical staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.3 As appropriate, a pharmacist should participate in public education and information programs relative to the services of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.4 Up-to-date pharmaceutical reference material shall be provided so that appropriate staff will have adequate information concerning drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.5 Current editions of text and reference books covering the following topics shall be provided; theoretical and practical pharmacy; general, organic, pharmaceutical, and biological chemistry; toxicology; pharmacology; bacteriology; sterilization and disinfection; and other subjects important to good patient care.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 51 DIETARY: ORGANIZATION

Rule 40.51.1 The facility shall have an organized dietary department directed by a qualified food service supervisor, with services of a registered dietitian on at least a consultant basis. However, a facility which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the services, on a full-time, part-time, or consultant basis to the facility. If the dietitian is not employed full-time a certified food service supervisor should direct the dietary department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.2 The qualified dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.3 When a qualified dietitian is employed on a part-time or consultative basis, the dietitian shall devote enough time to accomplish the following tasks:

1. Assure continuity of services;
2. Direct the nutritional aspects of patient care;
3. Assure that dietetic instructions are carried out;
4. On occasion, supervise the serving of meals; and assist in the evaluation of the dietetic services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.4 Regular written reports shall be submitted to the Chief Executive Officer on the extent of services provided by the dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.5 There shall be written policies and procedures for food storage, preparation, and service developed by a registered dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.6 The dietetic service shall have an adequate number of appropriately qualified individual to meet the dietetic needs of the facility's patients. Dietetic service personnel shall assist patients when necessary in making appropriate food choices from the planned daily menu. Dietetic services personnel shall be made aware that emotional factors may cause patients to change their food habits. Dietetic service personnel shall inform appropriate members of the professional staff of any change in a patient's food habits.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.7 Written job descriptions of all dietary employees shall be available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.8 There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.9 There shall be an on-going planned in-service training program for dietary employees which includes the proper handling of food and personal grooming, safety, sanitation, behavioral and therapeutic needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 52 FACILITIES

Rule 40.52.1 Adequate space, equipment, ventilation and supplies as well as any necessary written procedure and precautions, shall be provided for the safe and sanitary operation of the dietetic service and the safe and sanitary handling and distribution of food.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.2 The food service area should be appropriately located.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.3 The dietitian's office should be easily accessible to all who require consultation services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.4 Sufficient space shall be provided for support personnel to perform their duties.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.5 The layout of the department and the type, amount, size, and placement of equipment shall make possible the efficient and sanitary preparation and distribution of food.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.6 Lavatories with wrist action blades, soap dispenser and disposable towel dispenser shall be located throughout the dietary department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.7 Dry or staple food items shall be stored in a ventilation room which is not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.8 All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.9 Foods being displayed or transported shall be protected from contamination.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.10 Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.11 All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak-proof non-absorbent containers with close fitting covers and be disposed of routinely in manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.12 All garbage containers are to be thoroughly cleaned inside and outside each time emptied.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.13 All dietary areas, equipment, walls, floors, etc., shall be kept maintained in good working condition and sanitary at all times.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 53 DIETS

Rule 40.53.1 There shall be a systematic record of diets, correlated when appropriate, with the medical records.

1. The dietitian shall have available an up-to-date manual or regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets serviced to patients shall be in compliance with these established diet principles: a. The diet manual shall be

reviewed annually and revised as necessary by a qualified dietitian, and shall be dated to identify the time of the review. b. Revisions to the diet manual shall be approved by the facility's physician. c. The diet manual should be used to standardize the ordering of diets. d. The policies and procedures shall provide for dietetic counseling. e. The nutritional deficiencies of any diet in the manual shall be indicated. f. The policies and procedures shall require the recording of dietetic orders in the patient's record. g. The policies and procedures shall require the recording of all observations and information pertinent to dietetic treatment in the patient's record by the food service supervisor or dietitian. h. The policies and procedures shall require the use of standards for nutritional care in evaluating the nutritional adequacy of the patient's diet and in ordering diet supplements. The current Recommended Dietary Allowances of the Food and

2. Nutrition Board of the National Research Council of the National Academy of
3. Science is suggested as a guide in developing these standards. i. The policies and procedures shall describe the methods for assuring that each patient on a special diet receives the prescribed diet regimen. j. The policies and procedures shall provide for altering diets or diet schedules as well as for discontinuing diets. k. Dietetic service personnel shall conduct periodic food acceptance studies among the patients and should encourage them to participate in menu planning. l. The results of food acceptance studies should be reflected in revised menus. m. All menus shall be approved by a qualified dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 54 FOOD SERVICE AND DINING

Rule 40.54.1 Food shall be served in an appetizing and attractive manner, at planned and realistic mealtimes, and in a congenial and relaxed atmosphere.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.2 Dining areas should be attractive and maintained at appropriate temperatures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.3 The dietetic services shall be patient-oriented and should take into account the many factors that contribute to the wide variations in patient eating habits, including cultural, religious, and ethnic factors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.4 Snacks shall be available as appropriate to the nutritional needs of the patient and the needs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.5 The dietetic service shall be prepared to give extra food to individual patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.6 Appropriate food should be available for patients with special or limited dietary needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.7 There shall be adequate equipment provided for tray assembly and tray delivery.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.8 Facilities or arrangement shall be available family and friends to eat with patients when possible.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 55 RECREATION

Rule 40.55.1 The facility shall provide or make arrangements for the provision of recreation services to all patients in accordance with their needs and interests and as appropriate within the scope of the facility's program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.2 The facility shall have a written plan that describes the organization of their recreation services or the arrangements made for the provision of recreation services. The recreation services shall have a well-organized plan for using community resources. The goals and objectives of the facility's recreation services shall be stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.3 The facility shall have written policies and procedures for the recreation services which are made available to recreation services and other appropriate personnel. The policies and procedures shall be reviewed and revised at least annually.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.4 Recreational activities shall be provided to all patients during the day, in the evening, and on weekends. The daily recreation program shall be planned to provide a consistent and well-structured yet flexible framework for daily living. Whenever possible, patients should participate in planning recreational services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.5 Recreation schedules shall be posted in places accessible to patients and staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.6 The recreation program shall be reviewed and revised according to the changing needs of the patients.

1. When indicated, recreation services shall be incorporated in the patient's treatment plan.
2. Recreation services that are included in a patient's treatment plan shall reflect an assessment of the patient's needs interests, life experiences, capacities, and deficiencies. Recreation services staff shall collaborate with other professional staff in delineating goals for patient's treatment, health maintenance, and vocational adjustments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.7 The patient's record shall contain progress notes that describe the patient's response to recreation services and other pertinent observations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.8 Vehicles used for transportation shall not be labeled in a manner that calls unnecessary attention to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 56 QUALITY ASSURANCE ACTIVITIES

Rule 40.56.1 The recreation services shall have written procedures for ongoing review and revision of its goals, objectives, and role within the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.56.2 The recreation service shall maintain statistical and other records on the functioning and utilization.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 57 CONTINUING EDUCATION

Rule 40.57.1 The facility service shall maintain ongoing staff development programs. Recreation service staff shall participate in appropriate clinical and administrative committees and conferences. Recreation services staff shall receive training and demonstrate competence in handling medical and psychiatric emergencies. The recreation service shall encourage extramural studies and evaluations of recreation services and extramural research in recreation services.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 58 FUNCTIONAL SAFETY AND SANITATION

Rule 40.58.1 Appropriate space, equipment, and facilities shall be provided to meet the needs of patients for recreation services.

1. Facilities and equipment designated for recreation services shall be constructed or modified in such a manner as to provide, insofar as possible, pleasant and functional areas that are accessible to all patients regardless of their disabilities.
2. Space for offices, storage, and supplies shall be adequate and accessible.
3. When indicated, equipment and supplies that enable the activity to be brought to the patient should be used.
4. Space, equipment and facilities utilized both inside and outside the facility shall meet federal, state, and local requirements for safety, fire prevention, health, and sanitation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 59 PHYSICAL AND OCCUPATIONAL THERAPY

Rule 40.59.1 The facility shall provide, or arrange for, under written agreement, physical and occupational therapy services as needed by patients to improve and maintain functioning.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.2 Qualified therapists, consultants, volunteers, assistants, or aides, are sufficient in number to provide comprehensive occupation and physical therapy services, as needed, to assure that appropriate treatment is rendered for each patient in accordance with stated goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.3 Services are provided only upon the written order of a licensed physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.4 The therapist must:

1. Record regularly and evaluate periodically the treatment training progress.
2. Use the treatment training progress as the basis for continuation or change in the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.5 Treatment training programs shall be designed to: a. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living. b. Prevent, insofar as possible, irreducible disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adoptions, and sensory stimulation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.6 Evaluation results, treatment objectives, plans and procedures and progress notes shall be recorded in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.7 For effective and efficient physical and occupational therapy services, the facility shall provide sufficient space, equipment and supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.8 Physical and occupational therapists shall meet the qualifications of Subchapters 13 through 16.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.9 Therapy assistants must work under the supervision of the qualified therapist.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 60 EDUCATION

Rule 40.60.1 The facility shall provide, or make arrangements for the provision of, education services to meet the needs of all patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.2 Special education services shall be provided for patients whose emotional disturbances make it difficult for them to learn.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.3 Education services shall provide opportunities for patients who have fallen behind because of their disorder, to correct deficiencies in their education.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.4 Facilities that operate their own education service shall have adequate staff and space to meet the educational needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.5 An education director and staff who meet state and/or local certification requirements for education and/or special education shall be provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.6 Special education teachers shall be certified for individuals with emotional disabilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.7 An appropriate ratio of teachers to students shall be provided so teachers can give special attention to students or to groups of students who are at difference stages of treatment and education.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.8 The education service shall have space and materials commensurate with the scope of its activities, including an adequate number of classrooms.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.9 When indicated, patients shall participate in education programs in the community. Teachers in the community shall be given the information necessary to work effectively with the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.10 Clinicians shall periodically confer with teachers or principals on the progress of each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.11 When appropriate, patients shall be encouraged to take part in extra curricular school activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.12 There shall be documentation in each patient's record of periodic evaluations of educational achievement in relation to development level, chronological age, sex, individuals with disabilities, medications, and psychotherapeutic needs.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 61 VOCATIONAL REHABILITATION: POLICIES AND PROCEDURES

Rule 40.61.1 Patients shall receive counseling on their specific vocational needs, for example, their vocational strengths and weaknesses, the demands of their current and future

jobs, the responsibilities of holding a job, and the problems related to vocational training, placement, and employment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.2 A facility may delegate vocational rehabilitation responsibilities to an outside vocational rehabilitation agency. However, the agency must assign an individual approved by the facility to serve as the facility's coordinator of vocational rehabilitation and agree to comply with the standards in this section.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.3 Facilities that have a vocational rehabilitation service shall have written policies and procedures to govern the operation of the service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.4 The vocational rehabilitation service shall assess the patients vocational needs with regard to the following:

1. Current work skills and potential for improving skills or developing new ones;
2. Educational background;
3. Aptitudes, interests, and motivations for getting involved in various job-related activities;
4. Physical abilities;
5. Skills and experiences in seeking jobs;
6. Work habits related to tardiness, absenteeism, dependability, honesty, and relations with co-workers and supervisor;
7. Personal grooming and appearance;
8. Expectations regarding the personal, financial, and social benefits to be derived from working; and
9. Amenability to vocational counseling.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.5 Vocational services shall be provided according to an individualized treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.6 The criteria for determining a patient's job-readiness shall be stated in the patient's treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.7 A record shall be kept of vocational rehabilitation activities, including the date and a description of the activity, participants, and results.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.8 All work programs must conform to federal, state, and local rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 62 STAFF COMPOSITION AND SUPERVISION

Rule 40.62.1 The facility's vocational rehabilitation service shall have a sufficient number of appropriately qualified staff and support personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.2 A person or team shall be assigned responsibility for the implementation of vocational rehabilitation services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.3 The facility shall have at least one qualified vocational rehabilitation counselor or qualified occupational therapist available who is responsible for the professional standards, coordination, and delivery of vocational rehabilitation services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.4 All personnel providing vocational rehabilitation services shall have training, experience, and competence consistent with acceptable standards of their specialty field.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.5 Enough qualified vocational rehabilitation counselors and support personnel shall be available to meet the needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 63 SPEECH, LANGUAGE, AND HEARING: POLICIES AND PROCEDURES

Rule 40.63.1 Speech, language, and hearing services shall be available, either within the facility or by written arrangement with another facility or a qualified clinician, to

provide assessments of speech, language, or hearing when indicated, and to provide counseling, treatment, and rehabilitation when needed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.63.2 Facilities that have a speech, language, and hearing service shall have written policies and procedures to govern the operation of the service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.63.3 The speech, language, and hearing service shall provide the following services:

1. Speech and language screening of patients when deemed necessary by members of the treatment team, the family, or significant others;
2. Comprehensive speech and language evaluation of patients when indicated by screening results;
3. Comprehensive audiological assessment of patients when indicated;
4. Procurement, maintenance, or replacement of hearing aids when specified by a qualified audiologist; and
5. Rehabilitation programs, when appropriate, to establish the speech skills necessary for comprehensive and expression.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.63.4 Assessment and treatment results shall be reported accurately and systematically and in manner that accomplishes the following:

1. Defines the problem;
2. Provides a basis for formulating a plan that contains treatment objectives and procedures;
3. Provides information of staff working with the patient; and
4. Provides evaluations and summary reports for inclusion in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 64 STAFF COMPOSITION AND SUPERVISION

Rule 40.64.1 The speech, language, and hearing service shall be administered and supervised by qualified speech-language and hearing clinicians.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.64.2 All staff with independent responsibilities shall have a Certificate of Clinical Competence or a Statement of Equivalence in either speech pathology or audiology from the American Speech-Language-Hearing Association, or have documented equivalent training and experience; and shall meet current legal requirements of licensure or registration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.64.3 Support personnel, such as speech pathology assistants and communication aides, shall be qualified by training and/or experience for the level of work they perform and shall be appropriately supervised by a staff speech-language pathologist or audiologist.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 65 QUALITY ASSURANCE ACTIVITIES

Rule 40.65.1 Equipment shall meet the standards of the American Board of Examiners in Speech Pathology and Audiology of the American Speech-Language-Hearing Association, including the standards concerning the location, calibration, and maintenance of equipment; or equipment shall meet equivalent standards.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 66 DENTAL: POLICIES AND PROCEDURES

Rule 40.66.1 The facility shall have a written plan that outlines the procedures used to assess and treat the dental health care needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.66.2 The written dental health care plan shall describe the following:

1. Mechanisms for evaluating each patient's need for dental treatment;
2. Provisions for emergency dental services;
3. Policies on oral hygiene and preventive dentistry;
4. Provisions for coordinating dental services with other services provided by the facility; and
5. A mechanism for the referral of patients for services not provided by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.66.3 When a facility provides dental services, a written policy shall delineate the functions of the service and the specific services provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.66.4 Reports of all dental services provided shall be made a part of the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 67 STAFF COMPOSITION AND SUPERVISION

Rule 40.67.1 A dental service provided by the facility shall be directed by a fully licensed dentist who is a member of the professional staff and qualified to assume management and administrative responsibility for the dental service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.67.2 A dental service provided by the facility shall have a sufficient number of adequately trained personnel to meet the needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 68 FUNCTIONAL SAFETY AND SANITATION

Rule 40.68.1 A dental service provided by the facility shall have adequate space, equipment, instruments, and supplies to meet the needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 69 REFERRALS

Rule 40.69.1 The facility shall have written policies and procedures that facilitate the referrals of patients and the provision of consultation between the facility's program components and between the facility and other service providers in the community. The written policies and procedures shall describe the conditions under which referrals can be made and consultations provided. These conditions shall provide for the examinations, assessment, or consultations that are not within the professional domain or expertise of the staff; special treatment services; and assistance from providers who can contribute to the patient's well-being.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.2 The written policies and procedures shall describe the methods by which continuity of care is assured for the patient. These methods shall include, but not be limited to, providing the facility, program component, or other service provider to which the patient is referred with the following:

1. Background information on the referral;
2. Information on the patient's treatment, for example, current treatment, diagnostic assessments, and special requirements;

3. Treatment objectives desired;
4. Suggestions for continued coordination between the referring and the receiving resource;
5. Special clinical management requirements; and
6. Information on how the patient can be returned to the referring facility or program component.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.3 The facility shall ask the facility, program component, or other service provider to which the patient is referred to submit a follow-up report within a designated time period.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.4 The written policies and procedures shall describe the mechanism by which a patient may request a referral.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.5 The written policies and procedures shall describe the means by which the facility assists in the referral of individuals who are seeking services that the facility does not provide.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.6 The written policies and procedures shall be reviewed and approved annually by the director and appropriate administrative and professional staff members. The annual review and approval shall be documented.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.7 Each community service provider to which patients are referred shall express in writing its willingness to abide by federal and state standards concerning confidentiality of patient information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.8 The facility shall have a letter of agreement and/or contract with community service providers that it uses repeatedly.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 70 EMERGENCY

Rule 40.70.1 The facility shall have written procedures for taking care of emergencies. Emergency services shall be provided by the facility or through clearly defined arrangements with another facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.70.2 When emergency services are provided by an outside facility, a written plan shall delineate the type of emergency services available and the arrangements for referring or transferring patients to another facility. The written plan shall be available to all professional staff and shall clearly specify the following:

1. The staff of the facility who are available and authorized to provide necessary emergency evaluations;
2. The staff of the facility who are authorized to arrange for patients to be referred or transferred to another facility when necessary;
3. The arrangements the facility has made for exchanging records with the outside facility when it is necessary for the care of the patient;
4. The location of the outside facility and the names of the appropriate personnel to contact;
5. The method of communication between the two facilities;
6. The arrangements the facility has made to assure that when a patient requiring emergency care is transferred to a non-psychiatric or substance abuse service or facility, he or she will receive further evaluation and/or treatment of his or her psychiatric or substance abuse problem, as needed;
7. The arrangements the facility has made for transporting patients, when necessary, from the facility to the facility providing emergency services;
8. The policy for referring patients needing continued care after emergency services back to the referring facility; and
9. Policies concerning notification of the patient's family of emergencies and of arrangements that have been made for referring or transferring the patient to another facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.70.3 When an emergency service is provided by the facility, the service shall be well organized, properly directed, and integrated with other services of the facility and shall comply with Part IV, Chapter 7, Section 701-705.6 of the Minimum Standards of Operations of Mississippi Hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 71 LIBRARY

Rule 40.71.1 Library services shall be made available to meet the professional and technical needs of the facility's staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.2 Facilities that do not maintain a professional library shall have an arrangement with a nearby facility or institution to use its professional library.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.3 Current reference material, books, and basic health care journals shall be available in each facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.4 The library shall establish regular and convenient hours of service so that staff may have prompt access to current materials.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.5 When a facility operates its own library, the professional library service shall provide pertinent, current and useful medical, psychiatric, psychological, alcohol, drug, educational, and related materials.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.6 A facility providing extensive library services should utilize the services of a professional librarian.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 72 LABORATORY/RADIOLOGY

Rule 40.72.1 The facility shall have provisions for promptly obtaining required laboratory, x-ray, and other diagnostic services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.2 If the facility provides its own laboratory and x-ray services, these shall meet the applicable standards established for hospital licensure. Refer to Subchapter 21, Subchapters 57-61 & Subchapters 70-73 of the Minimum Standards of Operation for Mississippi Hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.3 If the facility itself does not provide such services, arrangements shall be made for obtaining these services from a licensed and certified laboratory.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.4 All laboratory and x-ray services shall be provided only on the orders of the attending physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.5 The facility shall assist the patient, if necessary, in arranging for transportation to and from the source of service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.6 All signed and dated reports of laboratory, x-ray, and other diagnostic services shall be filed with the patient's medical record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 73 VOLUNTEER

Rule 40.73.1 In facilities where volunteer services are utilized, the objectives and scope of the volunteer service shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.2 An appropriately qualified and experienced staff member shall be assigned to select and evaluate volunteers and to coordinate volunteer activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.3 The authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.4 The volunteer coordinator shall perform the following functions:

1. Assist staff in determining the need for volunteer services and in developing assignments;
2. Plan and implement the program for recruiting volunteers;
3. Coordinate efforts to recruit, select, and train volunteers, and to place volunteers in appropriate services or units;
4. Instruct staff on the proper, effective, and creative use of volunteers;
5. Keep staff and the community informed about volunteer services and activities;

6. Provide opportunities for volunteers to acquire the qualifications for certification when applicable; and
7. Assign an appropriate staff member to provide ongoing supervision, in-service training, and evaluation of volunteers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.5 An orientation program shall be conducted to familiarize volunteers with the facility's goals and services and to provide appropriate clinical orientation regarding the facility's patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.6 The orientation program shall include explanations of at least the following:

1. The importance of maintaining confidentiality and protecting patients' rights.
2. The procedures for responding to unusual events and incidents; and
3. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.7 Volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services, and shall receive general direction and guidance from the volunteer coordinator.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.8 The use of volunteers as members of treatment teams to supplement the total treatment program shall be done only in collaboration with appropriate professional staff members and after consideration of the patients' needs for continuity.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.9 Supervisory professional staff shall be available to help volunteers establish the most effective relationship with patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.10 Procedures shall be established to assure that the observations of volunteers are reported to the professional staff members responsible for the patient. These observations may be recorded in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.11 Volunteers may be utilized to help meet patients' basic needs for social interaction, self-esteem, and self-fulfillment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.12 Volunteer activity records and reports shall contain information that can be used to evaluate the effectiveness of the volunteer services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.13 At least the following records shall be maintained by the volunteer service:

1. A personnel record that includes the volunteer's application, record of assignments, and progress reports;
2. A master assignment schedule for all volunteers, including times and units of assignment; and
3. A current job description for each volunteer.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 74 RESEARCH OPTIONAL

Rule 40.74.1 When a facility or program conducts or participants in research with human subjects, policies shall be designed and written to assure that rigorous review is made of the merits of each research project and of the potential effects of the research procedures on the participants.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.2 An interdisciplinary research committee shall review all research projects utilizing human subjects. The committee shall be either a permanent standing committee or a committee convened on an as-needed basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.3 Members of the research review committee shall be qualified by training and experience to serve on the committee. Individuals who have appropriate experience in the research areas being reviewed shall be included on the committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.4 A majority of the committee member should be individuals who are not directly associated with the research project under consideration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.5 Some committee members should be individuals who are not formally associated with the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.6 Prior to the authorization and initiation of each research project, the research committee shall conduct a detailed review of the project. This review shall include the following:

1. The adequacy of the research design;
2. The qualifications of the individuals responsible for coordinating the project;
3. The benefits of the research in general;
4. The benefits and risks to the participants;
5. The benefits to the facility;
6. The possible disruptive effects of the project on facility operations;
7. The compliance of the research design with accepted ethical standards;
8. The process to be used to obtain informed consent from participants; and
9. The procedures for dealing with any.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.7 This initial review shall form the basis for a written report that shall be submitted by the committee to the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.8 All individuals asked to participate in a research project shall be given the following information before being asked to give their consent:

1. A description of the benefits to be expected;
2. A description of the potential discomforts and risks;
3. A description of alternative services that might prove equally advantageous to them; and
4. A full explanation of the procedures to be followed, especially those that are experimental in nature.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.9 If the investigator does not wish to fully disclose the purpose, nature, expected outcome, and implications of the research to the participants before it begins, the investigator shall clearly and rigorously justify to the research review committee that such disclosure is inadvisable and that failure to give full disclosure is not detrimental to the participants. Under such conditions, disclosure may be deferred until the research project is completed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.10 All research project participants shall sign a consent form that indicates their willingness to participate in the project.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.11 All consent forms, except as provided in Rule 40.74.9 shall address all of the information specified in Rule 40.74.8 and shall indicate the name of the person who supplied the participant with the information and the date the form was signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.12 The informed consent document shall address the participant's right to privacy and confidentiality.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.13 Neither the consent form nor any written or oral agreement entered into by the participant shall include any language that releases the facility, its agents, or those responsible for conducting the research from liability for negligence.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.14 All prospective participants over the age of 12 and all parents or guardians of participants under the age of 18 shall sign a written consent form that indicates willingness to participate in the project.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.15 The consent form shall address all of the information specified in Standard 2914.10 and shall indicate the name of the individual who supplied the participant with the information and the date the consent form was signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.16 Prospective participants under the age of 18, and all prospective participants who are legally or functionally incompetent to provide informed consent, shall participate only when and if consent has been given by a person legally empowered to consent, shall participate only when and if consent has been given

by a person legally empowered to consent, and such consent has been reviewed by an independent advocacy group, if available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.17 Such legal guardian and/or advocate shall receive the same information as required in Rule 40.74.8 and shall sign the consent form.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.18 A patient's refusal to participate in a research project shall not be a cause for denying or altering the provision of indicated services to that patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.19 Participants shall be allowed to withdraw consent and discontinue participation in a research project at any time without affecting their status in the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.20 Privacy and confidentiality should be strictly maintained at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.21 Upon completion of the research procedures, the principal investigator shall attempt to remove any confusion, misinformation, stress, physical discomfort, or other harmful consequences that may have arisen with respect to the participants as a result of the procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.22 Investigators and other directly involved in research shall, both in obtaining consent and in conducting research, adhere to the ethical standards of their respective professions concerning the conduct of research and should be guided by the regulations of the US Department of Health and Human Services and other federal, state, and local statutes and regulations concerning the protection of human subjects.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.23 Upon completion of the research, the principal investigator, whether a member of the facility's staff or an outside researcher, shall be responsible for communicating the purpose, nature, outcome, and possible practical or theoretical implications of the research to the staff of the program in a manner which they can understand.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.24 Reports of all research projects shall be submitted to the Chief Executive Officer and the research committee and shall be maintained by the facility.

SOURCE: Miss. Code Ann. §41-9-17