

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 026
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 08/18/00 Code Number 007.05.00-003
25-15-204, 10-3-309(e)(1) ✓

Name of Agency Health Facility Services

Department Arkansas Department of Health

Contact Person Wanda Theus

Statutory Authority for Promulgating Rules Act 414 of 1961 as amended

Intended Effective Date	Date
<input type="checkbox"/> Emergency	Legal Notice Published <u>05/07/00</u>
<input checked="" type="checkbox"/> 10 Days After Filing	Final Date for Public Comment <u>05/31/00</u>
<input type="checkbox"/> Other	Reviewed by Legislative Council <u>06/01/00</u>
	Adopted by State Agency <u>07/27/00</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Signature

Phone Number

Title

Date

FILED
AR. REGISTER DIV.
00 AUG -8 AM 11:16
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

FORMAT FOR FINANCIAL IMPACT STATEMENT

Ark. Code Ann. § 25-15-204, 10-3-309 (e)(1) and Act 1104 of 1995 describe the financial statement:

Description:

The scope of the financial impact statement shall be determined by the agency but shall include, at a minimum, the estimated cost of complying with the Rule and the estimated cost for the agency to implement the Rule. If the agency has reason to believe that the development of a financial impact statement will be so speculative as to be cost prohibited, the agency shall submit a statement and explanation to that effect. If the purpose of a state agency Rule and Regulation is to implement a federal Rule or Regulation, the financial impact statement shall be limited to any incremental additional cost of the state Rule or Regulation as opposed to the federal Rule or Regulation.

FINANCIAL IMPACT STATEMENT

DEPARTMENT	Arkansas Department of Health
DIVISION	Health Facility Services
PERSON COMPLETING THIS STATEMENT	Wanda Theus
PHONE NUMBER	(501) 661-2201
FAX NUMBER	(501) 661-2165

SHORT TITLE OF THE RULE ADDENDUM -AMBULATORY SURGERY CENTER EXTENDED RECOVERY TIME

- Does this proposed, amended, or repealed Rule or Regulation have a financial impact?
YES _____ NO x
- Please estimate the cost of compliance to regulated entities & other outside the department. Identify any financial impact on municipalities or counties.
- If you believe that the development of a financial impact statement is so speculative as to be cost prohibitive, please explain.
- If the purpose of this Rule or Regulation is to implement a federal Rule or Regulation, please give the incremental cost for implementing the Regulation.

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STATE OF ARKANSAS
BY _____

<u>2000 Fiscal Year</u>		<u>2001 Fiscal Year</u>	
General Revenue	_____ \$0 _____	General Revenue	_____ \$0 _____
Federal Funds	_____	Federal Funds	_____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____
Other	_____	Other	_____
Total	_____ \$0 _____	Total	_____ \$0 _____

5. What is the total estimated cost by fiscal year to any entity or individual subject to the proposed, amended, or repealed Rule or Regulation?

<u>2000 Fiscal Year</u>	<u>2001 Fiscal Year</u>
No Additional	No Additional

6. What is the total estimated cost by fiscal year to the agency to implement this Regulation?

<u>2000 Fiscal Year</u>	<u>2001 Fiscal Year</u>

7. Does the Proposed Rule impose a cost on state or local school districts? If yes, then file a fiscal impact statement.

References: Act 884 of 1995, Ark. Code Ann. § 10-3-309
Act 1104 of 1995, Ark. Code Ann. § 25-15-204
Act 221 of 1977, Ark. Code Ann. § 19-1-302

**ADDENDUM TO THE 1999 RULES AND REGULATIONS FOR
HOSPITALS AND RELATED INSTITUTIONS IN ARKANSAS
PURSUANT TO ACT 414 OF 1961 AS AMENDED
EXTENDED RECOVERY TIME**

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STATE OF ARKANSAS
BY _____

I. Scope/Limitations of Services

- A. The extended recovery time service shall be approved by the Health Facility Services Division prior to implementation of the service.
- B. Ambulatory Surgery Centers shall have the capability to provide care for post-surgical patients requiring continued nursing or medical treatment, but whose condition does not warrant acute hospitalization. The extended recovery period shall not exceed 23 hours and 59 minutes. The extended recovery period shall be limited to:
 - 1. Observation;
 - 2. Control of nausea/vomiting;
 - 3. Replacement of fluids; and
 - 4. Pain management.
- C. Patients shall be screened prior to surgery and prior to admission to the overnight area to ascertain that established admission criteria is met.
- D. Services shall not include intensive nursing care, continuous monitoring due to the instability of vital signs, administration of IV cardiac or anti-hypertensive drugs, or treatment of any unstable underlying medical condition.
- E. If a question arises as to whether or not a patient is an appropriate candidate for extended stay, the decision shall be made by the Medical Director or Administrator.

II. Admission Criteria

- A. Physician's order shall be obtained for transfer to extended stay;
- B. Stable vital signs and O₂ saturation level;
- C. Oriented to person, place, and time (a return to preoperative mentation);
- D. Presence of satisfactory airway;

- E. Absence of significant bleeding;
- F. Stabilized or resolution of any acute problem;
- G. Movement of extremities following regional anesthetic;
- H. Level of consciousness which permits patient to call for nurse;
- I. Recovery will require 23 hours 59 minutes or less prior to discharge;
- J. The surgeon and anesthesia provider (or their designee of similar training and expertise) shall be availablepresent or immediately available; and
- K. Patient assessment and orientation shall be recorded in the medical record.

III. Discharge Criteria

- A. Discharge shall be done in keeping with the same criteria established for the discharge of any patient from the Ambulatory Surgery Center.
- B. The patient shall be discharged within 23 hours and 59 minutes of his/her admission to extended recovery by the surgeon or anesthesiologist or his/her designee.
- C. If the patient's condition is such that discharge is deemed inappropriate, arrangements shall be made for hospital transfer.
- D. Postoperative prescription orders and instructions shall be given to the patient and responsible adult with an understanding of instructions verbally by the person(s) receiving them and a copy retained in the medical record.

IV. Transfer Requirements to Acute Care Facility

- A. Patients who require continuous monitoring due to the instability of vital signs;
- B. Patients who require administration of IV cardiac or anti-hypertensive drugs;
- C. Patients who require treatment of any unstable underlying medical condition;
- D. Patients whose pain management or observation requires longer than 23 hours and 59 minutes;
- E. Patients who have a lowered level of consciousness than their preoperative status; and
- F. Patients who exhibit current or potential airway complications.

V. Supervision of Extended Recovery Care

- A. Ambulatory Surgery Centers shall provide adequate supervision of extended stay area to assure quality patient care and safety.
- B. The extended stay area shall be staffed with a minimum of two caregivers at all times.
 - 1. At least one of the caregivers shall be a Registered Nurse.
 - 2. All caregivers shall be Basic Cardiac Life Support (BCLS) certified.
 - 3. At least one Registered Nurse on duty at all times shall be Advanced Cardiac Life Support (ACLS) certified.
 - 4. The anesthesiologist (or designee) and the surgeon (or designee) shall be present or immediately available.

VI. Emergency Procedures

- A. Any emergency or life-threatening situation shall be handled in a manner that provides the most appropriate and rapid care to best meet the patient needs.
- B. Local Emergency Medical Services (EMS) shall be notified that regular hours are being extended on the days patients require extended recovery care.
- C. Appropriate drugs, supplies and equipment shall be immediately available to the area, including a fully stocked crash cart with defibrillator and oxygen tank.
- D. Transfer agreements to a local acute care hospital and ambulance transportation covering the Ambulatory Surgery Center shall include the extended stay area.

VII. Medications

The Ambulatory Surgery Center shall have provisions for obtaining prescribed drugs and biologicals to meet the needs of the population served. In addition, policies and procedures shall be developed and implemented for the handling of medications brought into the facility by patients. Should it be necessary to administer a patient's own medications, a signed physician's order shall be in the medical record identifying the medication(s) along with the route and directions for use.

VIII. Medical Records

- A. Ambulatory Surgery Centers shall have an expanded medical record for patients in extended stay.
- B. The same medical record may shall be utilized that was initiated upon admission for surgery.

- C. A discharge note shall be written upon discharge from acute recovery care.
- D. An admission note, to include a patient assessment by a Registered Nurse, shall be included when the patient is received in the extended care area.
- E. Pertinent observations, treatments, and medications shall be documented in the nurses' notes.
- F. A closing entry or discharge summary shall include information/observations regarding the patient's condition and the care provided throughout the extended care.
- G. Patient food allergies and preferences shall be documented. Meal intake and toleration of diet shall be documented by nursing personnel in the nurses' notes.

IX. Patient Nutrition

- A. If meals are prepared onsite, the Food and Nutrition Services shall be supervised by a qualified individual on the days the facility is open. A qualified individual shall be at a minimum a certified dietary manager.
- B. The food preparation area shall include at a minimum:
 - 1. Refrigerator/freezer;
 - 2. Microwave oven;
 - 3. Handwashing sink with towel and soap dispensers;
 - 4. Counter space;
 - 5. Garbage cans with cover;
 - 6. Storage area for food, food preparation equipment and tableware; and
 - 7. A three (3) compartment sink, if disposables are not utilized at all times.
- C. If meals are not prepared onsite, the food served to the patient shall be obtained from a food service establishment that operates in accordance with the Arkansas Department of Health Rules and Regulations Pertaining to Food Service Establishments.
- D. Leftover foods shall not be stored for future patient use.

X. Physical Facilities

Extended stay may permit patient sleeping accommodations in the post-anesthesia recovery area.

XI. Staffing

- A. At least one (1) registered nurse shall be on duty at all times while the center is in operation, with supportive personnel as needed.
- B. Non-nursing personnel, i.e., aides, housekeeping, etc. shall be assigned in sufficient numbers and with sufficient training to meet the patient's needs.

XII. Security Procedures

- A. Additional Measures shall be employed to ensure the security of patients, families, physicians, and employees while at the center after normal working hours.
- B. The parking lot shall be well-lit, with frequent checks made for light bulbs needing replacement.
- C. At least two employees shall be present inside the facility when patients are present.

XIII. Quality Improvement/Risk Management Plan

- A. Ambulatory Surgery Centers shall assure the same QI plan is followed for extended recovery care patients as general patients.
- B. Each extended recovery patient shall receive the same Patient Satisfaction Questionnaire as general surgical patients upon discharge from the facility.
- C. Each extended recovery care patient shall receive a postoperative call if they are discharged to home. If they are discharged to an alternate health care facility (i.e., rehab) a discharge summary shall be obtained upon discharge from that facility.
- D. During the first year of extended recovery services a quarterly report of the plan review shall be sent to the Health Facility Services Division of the Department.

EXTENDED RECOVERY CARE (ERC) PERFORMANCE INDICATORS

DIRECTIONS FOR INDICATORS (01-13): Circle the number that applies to the event that is NOT consistent with the desired process/outcome of the patient in Extended Recovery Care.

ADMISSION PERFORMANCE INDICATORS

- 01 Patient admission to Extended Recovery Care unplanned prior to surgery
- 02 Patient does not meet the Ambulatory Surgery Center admission criteria

COMMENTS: _____

Initials: _____

RECOVERY CARE PERFORMANCE INDICATORS

- 03 Patient required continuous monitoring of vital signs
- 04 Patient required assistance with airway maintenance
- 05 Patient required administration of IV cardiac or anti-hypertensive drugs
- 06 Patient required unplanned blood transfusion
- 07 Patient required treatment of unstable underlying medical condition
- 08 Patient required pain control beyond attending physician's plan of care
- 09 Patient not orientated to time and place
- 10 Patient unable to move extremities following regional anesthetic

COMMENTS: _____

Initials: _____

DISCHARGE PERFORMANCE INDICATORS

- 11 Patient admitted to acute care setting within 23 hours and 59 minutes of admission to Ambulatory Surgery Center
- 12 Patient admitted to acute care setting following discharge from Extended Recovery Care within 48 hours
- 13 Readmission to Extended Recovery within 23 hours and 59 minutes following discharge. No patient stay shall exceed 23 hours and 59 minutes.

COMMENTS: _____

Initials: _____

SCOPE OF SERVICE

- 14 Observation
- 15 Control of nausea/vomiting
- 16 Fluid Replacement
- 17 Pain Management
- 18 Patient/Physician Request
- 19 Bladder Dysfunction
- 20 Other

COMMENTS: _____

Initials: _____

CPT CODE(S)

PRIMARY: _____

SECONDARY: _____

CRITERIA	TIME (TOTAL MINUTES)
Time of Admission to Surgery Center	
Time of Admission to Extended Recovery Care	
Time of Discharge from Extended Recovery Care	
Total Time in Extended Recovery Care	
Total Time in Surgery Center	

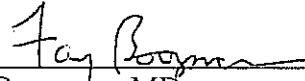
SURGERY CENTER: _____, _____ QTR, 20____
 EXTENDED RECOVERY CARE
 QUALITY PERFORMANCE REVIEW SUMMARY

PERFORMANCE INDICATORS																
PATIENT MEDICAL RECORD	01	02	03	04	05	06	07	08	09	10	11	12	SCOPE OF SERVICE (14-20)	PRIMARY CPT CODE	TOTAL TIME IN EXTENDED RECOVERY CARE	TOTAL TIME IN ASC

LEGEND
 INDICATOR COMPLIANT = (+)
 INDICATOR NON-COMPLIANT = (-)
 JUSTIFIED VARIATION = (V)

CERTIFICATION

This is to certify that the foregoing Addendum to the 1999 Rules and Regulations for Hospitals and Related Institutions in Arkansas regarding Extended Recovery Time Services for Ambulatory Surgery Centers in Arkansas were adopted by the Arkansas State Board of Health at a regular session of said Board held in Little Rock, Arkansas on the 27th day of July, 2000.



Fay Boozman, MD
Director, Arkansas Department of Health
Secretary of Arkansas State Board of Health

The foregoing Rules and Regulations, copy having been filed in my office, are hereby approved on the 6th day of August, 2000.



Mike Huckabee
Governor

