

**CHAPTER 119. OUTPATIENT SERVICES AND SHORT-TERM
PROCEDURE UNITS**

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Subchapter A. OUTPATIENT SERVICES

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GENERAL PROVISIONS**§ 119.1. Principle.**

(a) When outpatient services are provided by the hospital, those services shall be rendered in an effective and timely manner.

(b) When outpatient services are provided indirectly, through contract between the hospital and other organizations or individuals or through alternative, innovative organizational approaches, these services should meet the principles and standards in this chapter.

(c) When outpatient services are provided indirectly, as in subsection (b), the name of the organization and individuals responsible for the operation of the outpatient services shall be posted conspicuously to so inform patients.

§ 119.2. Organization and staffing.

An organizational structure and written program designed for effectively implementing the objectives of the hospital outpatient services shall be developed.

§ 119.3. Relationship to other departments.

The relationship of the outpatient services to other divisions within the hospital, as well as channels of responsibility and authority and supervisory relationships within the services, shall be documented and made available to all personnel involved in the delivery of outpatient services.

§ 119.4. Director.

The director of any outpatient service shall be qualified according to criteria, authority, and duties defined in a written statement adopted by the hospital.

§ 119.5. Staffing.

(a) The outpatient services shall be staffed with sufficient personnel to meet the needs of the patients.

(b) The responsibility for the delivery of outpatient health care services by the professional staff shall be clearly defined and documented. The levels of professional responsibility assigned to practitioners having clinical privileges in any outpatient service shall be defined by the medical staff of the hospital.

(c) House staff assigned to the outpatient services shall be responsible to the medical director of the service or to a member of the medical staff of the hospital.

(d) The responsibilities and organization of nursing services shall be clearly defined and shall be in accordance with the provisions of Chapter 109 of this title (relating to nursing services) modified as required.

(e) Other necessary personnel shall be provided, and their responsibilities clearly defined. Where there are language barriers between patients using the outpatient services and the personnel providing those services, it is desirable to

provide interpreters or make other arrangements to facilitate effective communication between the patients and the hospital staff.

(f) Ongoing education programs specifically related to outpatient care shall be provided, and participation by persons providing outpatient care shall be encouraged. The program can be either hospital-based or outside the hospital.

Authority

The provisions of this § 119.5 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 119.5 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37851).

OUTPATIENT FACILITIES

§ 119.11. Principle.

Facilities for the outpatient services shall be appropriate to provide effective care of the patients and shall meet requirements applicable to the physical facilities of the hospital itself.

§ 119.12. Location.

The physical facilities of the outpatient service shall be clean, accessible to patients, safe, and functional. They should be organized in a manner that will enhance the efficiency and flexibility of the services provided. To the extent possible, waiting areas should be decentralized so that a patient may be received in an area which is close to a specified diagnostic or treatment room to which he is assigned.

§ 119.13. Facilities for patient care.

Outpatient service facilities in which patient medical care is delivered shall be designed to ensure the privacy of each patient and the confidentiality of his disclosures. Consultation and examination rooms or cubicles appropriate to the size of the service shall be available for the use of the staff.

POLICIES AND PROCEDURES

§ 119.21. Principle.

Policies and procedures shall be developed to guide personnel in the effective implementation of the objectives of the outpatient services. These policies and procedures shall be approved by the medical staff in cooperation with the nursing staff, related hospital departments and services, and the chief executive officer. They shall be reviewed periodically by the chief executive officer or his designee, revised as necessary, and dated to indicate the time of last review.

§ 119.22. Referral.

(a) Written policies and procedures shall define both the circumstances under which definitive care should not be provided and the procedures to be followed in referring the patient to another institution or community agency to ensure delivery of care not available from the out-patient services. Special procedures shall be established to adequately inform patients of other sources of services and any steps that must be taken to arrange for such services.

(b) No hospital shall be required to make any referral which is contrary to its stated ethical policy promulgated in accordance with 16 Pa. Code § 51.31 (relating to adoption and substance of stated ethical policy).

§ 119.23. Patient information.

(a) Patients treated in the outpatient service shall be afforded the same rights granted to patients otherwise treated by the hospital.

(b) Outpatient information shall include at least the following:

(1) The patient shall be informed of the identity of the physician primarily responsible for his care.

(2) If trainees participate in patient care, reflecting the concept of team care, the patient shall be so informed, and his consent shall be obtained, unless an emergency precludes such consent, which emergency shall be documented by the treating physician.

(3) To the extent possible, the patient shall be informed by a physician as to the general nature of his medical problem, the general prognosis, and the nature and purpose of the treatment and procedures which are contemplated.

(4) Appropriate instructions in self-care shall be given to the patient.

§ 119.24. Patient medical records.

(a) An accurate medical record shall be maintained for every patient receiving medical treatment provided by the outpatient service. It shall be made part of the medical record of the patient otherwise required and shall be maintained in accordance with §§ 115.31—115.34 (relating to policies and procedures for patient medical records). A system of identification and filing which will ensure rapid retrieval of medical records shall be maintained.

(b) Whenever a patient is referred or transferred from the outpatient service to another physician or health care facility or is admitted to the hospital, all information necessary for his ongoing treatment shall be sent promptly to the receiving physician or facility. The transfer of information should be authorized by the patient or, in an emergency situation or if the patient is a minor, by his relative or other responsible person.

(c) When a patient has been referred from another agency or facility, the outpatient service shall, after obtaining authorization of the patient, seek to obtain the records and information as are necessary to assure continuity of care for that

patient. The transfer of information should be authorized by the patient or, in an emergency situation, or if the patient is a minor, by his relative or other responsible person.

§ 119.25. Patient drugs.

Drugs for outpatients should be prescribed and dispensed in accordance with the act of November 24, 1976 (P. L. 1163, No. 259) (35 P. S. §§ 960.1—960.7) (relating to generic drug substitution).

Authority

The provisions of this § 119.25 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 119.25 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37854).

QUALITY REVIEW

§ 119.31. Principle.

There shall be a program of systematic professional and administrative review and evaluation of outpatient service effectiveness in relation to its stated objectives. This program shall be a part of the regular medical care evaluation program.

Cross References

This section cited in 28 Pa. Code § 119.33 (relating to patient input).

§ 119.32. Responsibility.

The review of outpatient services should be performed by a multidisciplinary committee either already in existence or created specifically for this purpose.

Cross References

This section cited in 28 Pa. Code § 119.33 (relating to patient input).

§ 119.33. Patient input.

In performing the evaluation described in §§ 119.31 and 119.32 (relating to quality review), the committee should seek specific information from patients, their representatives, and their families. This information shall be documented in such a manner as to provide effective evaluation as well as to assure the confidentiality of each patient's medical history.

§ 119.34. Data.

The outpatient service shall collect, retrieve, and summarize data needed by the hospital for an effective evaluation of the services it delivers and for planning to meet the needs of patients. The type and amount of basic medical statistical information maintained depends upon local circumstances, but it should include at least the following:

- (1) Number of visits.
- (2) Number of patients seen.
- (3) Clinical diagnoses.
- (4) Types and numbers of operative procedures performed on an outpatient basis, if applicable.
- (5) Age distribution of patients.

Subchapter B. SHORT-TERM PROCEDURE UNITS

Sec.

- 119.41. Short-term procedure units.
119.42. Facilities for reception and processing of short-stay surgery patients.
119.43. Basic facilities for outpatient surgery.
119.44. Location.
119.45. Construction.

§ 119.41. Short-term procedure units.

(a) If a hospital maintains a short-term procedure unit for treating patients requiring surgery on an outpatient basis, the unit shall be established and administered according to procedures developed by the medical staff and adopted by the governing body. Provision shall be made for back-up services by other departments in the case of emergencies or complications.

(b) Procedures and policies shall specify:

- (1) The types of emergency and elective operative procedures which may be performed in the short term procedure unit.
- (2) Types of anesthesia which may be used.
- (3) Requirements for preoperative evaluations which shall meet the same standards as apply to inpatient surgery.
- (4) Requirements for a physician conference with patients on operative procedures and anesthetics, including reference to potential risks.
- (5) Written preoperative instructions for patients covering:
 - (i) Applicable restrictions upon food and drink before surgery.
 - (ii) Any special preparations to be made by the patient.
 - (iii) The required proximity of the patient to hospital for a specific time following surgery if applicable.
 - (iv) An understanding that the patient may require admission to the hospital in the event of medical need.

(v) The requirement that, upon discharge of a patient, a medical decision shall be made as to whether the patient must have a responsible person available to escort him to his home.

(6) Requirements for postoperative evaluations which shall meet the same standards as apply to inpatient surgery; any outpatient who has received anesthesia shall be examined by a qualified practitioner prior to discharge.

(7) What written instructions for follow-up care shall be given to the patient.

(8) What advice is to be given to all patients regarding contacting the appropriate physician for help in the event of postoperative complications.

Authority

The provisions of this § 119.41 issued under 67 P. S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 119.41 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37856).

§ 119.42. Facilities for reception and processing of short-stay surgery patients.

If short-stay surgery patients are received and processed in the short-term procedure unit, the following shall be provided:

(1) A receiving area designed and equipped for the preoperative preparation, holding, and observation of patients, including the administration of preoperative tests and medication.

(2) Adequate space for reception and registration, necessary filing of records, storage of equipment and supplies, dressing rooms, and lockers for storing patients' belongings while care is being rendered.

(3) Examining rooms designed and equipped according to patients' needs.

(4) Readily available patient conveyances such as wheelchairs and stretcher carts.

§ 119.43. Basic facilities for outpatient surgery.

If outpatient surgery is performed in the short-term procedure unit, basic facilities shall include all of the following:

(1) An appropriately equipped and staffed operating room and postoperative recovery area.

(2) Appropriate means of control against the hazards of infection, electrical or mechanical failure, fire or explosion.

(3) Facilities for sterilizing of equipment and supplies and for maintaining sterile technique.

(4) Appropriate equipment and instrumentation for anesthesia, emergency cardiopulmonary resuscitation and other physiologic support.

- (5) Readily available oxygen supply, with emergency tanks.
- (6) Readily available suction equipment.
- (7) An air-handling system which conforms to the standards in § 147.43 (relating to ventilation system).

§ 119.44. Location.

The operating room should be so located that it does not directly connect with a corridor used for general through traffic. Entry and exit shall be controlled with respect to authorization of personnel, patients, and materials handling. The location of the short-term procedure operating room shall be convenient to hospital service departments and laboratories, or the surgical facility may have its own core clinical laboratory or radiology service.

§ 119.45. Construction.

Construction of the short-term procedure operating room shall conform to the requirement of Chapter 153 (relating to construction standards) with regard to all of the following:

- (1) Electrical circuitry.
- (2) Conductive flooring.
- (3) Wiring.
- (4) Circuit breakers.
- (5) Isolation transformers.
- (6) Emergency lighting.
- (7) Power installations.

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