

APA-1
6/93

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Department or Agency Alabama Department of Public Health

Rule Number 420-5-9

Rule Title Freestanding Emergency Departments

New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? Yes

Those hospitals that choose to provide off site Emergency Department services would sustain additional expense both for construction and continued operation of such a facility.

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? Yes

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer Jahnicia Shie Date 5/17/2013

FORM APA2
11/96

**STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION**

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-5-9 Freestanding Emergency Departments

INTENDED ACTION: New Rule

SUBSTANCE OF PROPOSED ACTION: To implement a set of rules which allow licensure and regulatory oversight of a category of health care facilities not previously authorized in Alabama.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held on June 11, 2013, at 201 Monroe Street, RSA Tower, Suite 1586, The Board Room, Montgomery, AL 36104, at 1:00 p.m.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on July 5, 2013. All comments and requests for copies of the proposed rule should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Walter T. Geary, Jr., M.D., Director, Bureau of Health Provider Standards, Department of Public Health, 201 Monroe Street, Suite 710, Montgomery, Alabama 36104, telephone number (334) 206-5366.



Patricia E. Ivie, Agency Secretary

APA-6
11/96

ECONOMIC IMPACT STATEMENT
FOR APA RULE
(Section 4122-23(f))

Control No. 420 Department or Agency: Public Health

Rule No. 420-5-9

Rule Title: Alabama State Board of Health Alabama Department of Public Health
Chapter 420-5-9 Freestanding Emergency Departments

X New _____ Amend _____ Repeal _____ Adopt by Reference

_____ This rule has no economic impact.

X This rule has an economic impact, as explained below:

1. NEED/EXPECTED BENEFIT OF RULE: This rule allows the licensure of a new category of health care facility. Completion of such facilities will enhance access to emergency services for a significant segment of the population in the areas served.
2. COSTS/BENEFITS OF RULE AND WHY RULE IS THE MOST EFFECTIVE, EFFICIENT AND FEASIBLE MEANS FOR ALLOCATING RESOURCES AND ACHIEVING THE STATED PURPOSE: The costs associated with construction and operation of this type of health care facility will be borne only by those hospitals which receive a CON for construction and expect to obtain an economic benefit.
3. EFFECT OF THIS RULE ON COMPETITION: This rule enhances competition by providing uniform requirements for construction, fire safety and defines the basic level of services that all facilities are required to meet.
4. EFFECT OF THIS RULE ON COST-OF-LIVING AND DOING BUSINESS IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED: The geographic extent of this new rule is not presently known. Enhanced healthcare services are generally a favorable element for the location and development business enterprises.
5. EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED: This rule is expected

to contribute a modest increase in employment for those geographical locations where hospitals see economic benefit to providing this service.

6. SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE: The rule provides a modest fee for licensure and plan review that is consistent with the fees currently established in the authorizing statute.
7. THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE: The short and long term economic impact of the development of distant emergency departments is unknown. Since several hospitals have applied for and been granted a CON for the construction of such a project, one would expect that they bear the cost of developing and operating such a health care facility. It is likely that these hospitals expect to obtain economic benefit from this venture.
8. UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE: The overall economic impact of the development of distant emergency departments is unknown. These facilities should reduce the present overcrowding of established hospital emergency departments and provide delivery of services more promptly which should be an economic benefit. The direct cost of services will be born jointly by the individual and their insurance carrier, whether private or government funded. Hospitals providing prompt and efficient off campus emergency services stand to benefit financially due to the enhanced reimbursement as a hospital based service as opposed to an office based service.
9. THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH: The construction of this type of health care facility would have only a local environmental impact, consistent with that of other health facilities of similar size. The impact on public health is expected to be local increase in access and availability of emergency care and a reduction in waiting times.
10. DETRIMENTAL EFFECT ON THE ENVIROMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED: Failure to meet the increased demand for readily accessible emergency services in areas of rapidly expanding population could be detrimental to the existing urban hospital systems. Such failure would without question invite the construction of a competing and duplicative hospital system draining resources form the existing urban hospitals. This would add additional financial strain to the current system of acute emergency and inpatient care for residents of the central urban area.

**ALABAMA STATE BOARD OF HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH**

CHAPTER 420-5-9

FREESTANDING EMERGENCY DEPARTMENTS

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420-5-9-.01 General Provisions.

(1) Legal Authority for Adoption of Rules. The following rules for Freestanding Emergency Departments are adopted by the Alabama State Board of Health pursuant to § 22-21-20, et seq., Code of Ala. 1975.

(2) Definitions.

(a) Board or State Board of Health means the Alabama State Board of Health.

(b) Department means the Alabama Department of Public Health.

(c) Freestanding Emergency Department (FED) means a separately licensed, provider-based department of a hospital licensed by the Board which is separated from the parent hospital's main campus by not more than 35 miles driving distance by automobile. An FED operates and is held out to the public as a facility that receives patients without requiring an appointment and provides rapid and varied emergency treatment and stabilization for conditions threatening to life and limb, and sudden acute medical conditions.

(d) Governing Authority means owner(s), hospital association, county hospital board, board of directors, board of governors, board of trustees, or any other comparable designation of a body duly organized and constituted for the purpose of owning, acquiring, constructing, equipping, operating, and maintaining a hospital, and exercising control over the affairs of said hospital.

(e) Hospital means a health institution licensed in Alabama by the Board which is planned, organized, and maintained pursuant to the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

(f) License means the legal authority to operate an FED as defined above and to offer and provide care as permitted under these rules. A license may only be granted by the Board through the actions of its authorized agents.

(g) License Certificate means a document issued by the Department showing that the entity named on the document is licensed as an FED. A license certificate shall contain the signature of the State Health Officer and other seals and markings designed to demonstrate its authenticity. The license certificate shall be posted in a conspicuous place on the premises.

(h) Parent Hospital means the licensed hospital that owns and operates an FED.

(i) Physician means a person currently licensed to practice medicine and/or surgery in Alabama under the provisions contained in current state statutes.

(j) Principal means an individual associated with a governing authority or a license applicant in any of the following capacities:

1. Administrator, or equivalent;
2. Chief Executive Officer, or equivalent;
3. Owner of a controlling interest in the governing authority, or, if the governing authority is a subsidiary of another business entity, owner of a controlling interest in the parent business entity; or
4. If no person has a controlling interest in the governing authority or in a parent corporation of the governing authority, then an owner of 10 percent or more of the governing authority or of any business entity of which the governing authority is a subsidiary.

(k) Registered Nurse means a person who holds an active license issued by the Alabama Board of Nursing.

(3) An FED shall be accredited by the same accrediting organization as the parent hospital if the parent hospital has federal deemed status with the Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS).

(4) An FED, as a department of a hospital, shall be in compliance with the hospital conditions of participation as found at 42 CFR § 482 as they relate to emergency departments and with the requirements found at 42 CFR § 413.65 for provider-based off campus departments of the main hospital.

(5) An FED shall not retain any patient beyond 23 hours and 59 minutes under normal operations and shall not hold itself out as an emergency hospital.

420-5-9-.02 The License.

(1) Classifications of Licenses. Each FED shall be licensed pursuant to the regulations adopted herein. All licenses are granted for the calendar year and shall expire on December 31 unless renewed by the owner for the succeeding year.

(a) Unrestricted License. An unrestricted license may be granted by the Board after it has determined that the parent hospital and FED is willing and capable of maintaining compliance with these rules.

(b) Probational License. At its discretion, the Board may grant a probational license when it determines that both of the following conditions exist:

1. The FED has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the FED and parent hospital have failed to correct; and
2. The parent hospital's current governing authority has demonstrated the capability and willingness to correct cited problems and to maintain compliance.

(c) A probational license shall be granted for a specific period which may be extended but which shall in no case exceed one year.

(2) Application.

(a) Application. An applicant for initial licensure shall provide all information on the application form prescribed by the Department, including all information required by law, these rules, and the policies and procedures of the Department, and shall submit such additional information as shall be required by the Department in its discretion to demonstrate that the applicant has the ability and the willingness to comply with these rules. Each application shall be signed by a person authorized to bind the applicant to the representations in the application and any supporting documentation.

(b) Fee. An initial license application, an application for license renewal, or an application for a change in ownership, shall be accompanied by the application fee specified in § 22-21-24, Code of Ala. 1975. An application for a name change is not subject to a license application fee. An application fee is non-refundable. Any application fee submitted in the incorrect amount shall nevertheless be deposited. If the fee submitted is too large, a refund for the difference shall be processed using the Department's usual procedures. If the fee submitted is too small, the applicant shall be notified and the application shall not be considered until the difference is received. Any application submitted without any fee shall be returned to the applicant. If an incomplete application is submitted, the application fee shall be deposited, and the applicant shall be notified in writing of the defects in the application. If the applicant fails to submit all required additional information within 10 working days of the date of the notice, the application shall be denied. The Department may in its discretion extend the deadline for submitting additional information. Denial of an application as incomplete shall not prejudice the applicant from submitting a new application, accompanied by the requisite fee, at a future date.

(c) Name of Facility. Every FED shall have a unique name that reflects the name of the parent hospital of which it is a department followed by the words "Freestanding Emergency Department." No FED shall be allowed to use the term "Urgent Care" in its name. No FED shall change its name without first applying for a change of name approval nor shall it change its name until such approval is granted. The Department may in its discretion deny an initial FED application or an application for a change of name if the Department determines that the proposed name is misleading to the public or that the name is overly similar to the name of an already licensed FED. Separately licensed FEDs owned by the same governing authority may have names that are similar to one another and distinguished from one another in some other manner, such as a geographic description. If an initial FED application is denied under this rule provision, the applicant shall be provided a reasonable period of time to submit a revised application with a different name.

(d) How to Obtain Applications. Information on how to obtain applications and where to submit applications can be found on the Department's Web site at <http://www.adph.org>.

(3) Licensing.

(a) License. If an applicant submits a timely and complete application accompanied by the appropriate license fee and any supporting documentation that may be required by the Department, and if the Department is satisfied on the basis of the application that the applicant is willing and capable of compliance with these rules, and if granting such a license would not violate any other state or federal law or regulation, then the Department, as agent for the Board, may grant a license to the applicant. All licenses granted shall expire at midnight on December 31 of the year in which the license is granted. The Department, as agent for the Board, may deny a license. A license shall only be valid at the licensed premises and for the business entity licensed. It is a condition of licensure that the licensee shall continuously occupy the licensed premises and remain open to the public with an emergency physician on duty at all times, 24 hours a day, 7 days a week. If an FED fails to remain open and fully staffed as required, its license shall become void. Before such a facility which has closed may be relicensed, a new license application is required.

(b) License Renewal. Licenses may be renewed by the applicant as a matter of course upon submission of a completed renewal application and payment of the required fee. When the Department has served written notice on an FED of its intent to revoke or downgrade the license, a renewal application shall be filed but does not affect the proposed adverse licensure action.

(c) License Certificate. A license certificate shall be issued by the Department to every successful initial licensure applicant and to every successful renewal applicant. It shall set forth the name and physical address of the FED, the name of the governing authority, the name of the parent hospital, and the expiration date of the license.

(d) Change of Ownership. An FED license is not transferrable. A change of ownership may only occur between hospitals duly licensed in Alabama by the Board. In the event that the legal ownership of the right to occupy an FED's premises is transferred to an individual or entity other than the licensee, the FED's license shall become void and continued operation of the FED shall be unlawful pursuant to § 22-21-22, Code of Ala. 1975, and subject to penalties as provided in § 22-21-33, Code of Ala. 1975, unless an application for a change of ownership has been submitted to and approved by the Department prior to the transfer of legal ownership. An application for change of ownership shall be submitted on the form prescribed by the Department, shall be accompanied by the requisite application fee set forth in § 22-21-24, Code of Ala. 1975, and shall be subject to the same requirements and considerations as are set forth above for initial license applications. An application for a change of ownership shall be submitted and signed by the prospective new licensee, or its agent, in conjunction with a lawful representative of the parent hospital, and also either signed by the current licensee or its agent, or accompanied by a court order demonstrating that the current licensee has been dispossessed of the legal right to occupy the premises and that the prospective new licensee has been awarded the legal right to occupy the premises. Upon approval of a change of ownership, the Department shall notify the current licensee and the new license applicant, and shall issue a license certificate to the new licensee.

(f) Change of Name. An FED may apply for a change of name by submitting a completed application on a form prescribed by the Department. There is no application fee for a change of name application. Upon approval of a change of name, the Department shall notify the licensee and shall issue a revised license certificate to the licensee, which may be predicated on the return of the old license certificate.

(g) Relocation. An FED license is valid only at the premises stated on the most recent license application or renewal application, and recited as a physical address on the current FED license certificate. Prior to physically relocating an FED, plans and specifications shall be submitted for review and approval to the Department in accordance with the Board's Rules for Submission of Plans and Specifications for Health Care Facilities, Chapter 420-5-22, Ala. Admin. Code. The parent hospital and the FED shall submit a relocation application for the FED to the Department on a form prescribed by the Department. Upon approval of a change of address, the Department shall notify the licensee and shall issue a revised license certificate to the licensee, which may be predicated on the return of the old license certificate.

(h) Denial and Revocation of a License.

1. The Board may deny a license to any applicant or revoke the license to operate an FED on grounds of insufficient evidence of the willingness or ability to comply with §§ 22-21-20 through 22-21-34, Code of Ala. 1975, or these rules, including the reasons justifying denial or revocation of a license as set out in the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

2. Hearing procedures concerning the denial or revocation of a license shall be governed by the provisions of the Alabama Administrative Procedure Act, § 41-22-1, et seq., Code of Ala. 1975, and the Board's Rules for Hearing of Contested Cases, Chapter 420-1-3, Ala. Admin. Code.

(4) Failure to Renew a License. Any licensee who fails to renew a license on or before the close of business on the last business day in December shall be assessed a late fee equal to the amount of the original license fee. A license may only be renewed with the payment of a late fee before the close of business on the last business day in January of any calendar year. A license which has not been renewed by the end of January has expired and shall be void.

(5) Compliance with federal, state, and local laws. The parent hospital and FED shall be in compliance with applicable federal, state and local laws.

(a) Licensing of Staff. Staff of the facility shall be currently licensed, certified or registered in accordance with applicable laws.

(b) Compliance with Other Laws. The parent hospital and FED shall comply with laws relating to fire and life safety, sanitation, communicable and reportable diseases, Certificate of Need review and approval, reporting of health care acquired infections, adverse event reporting, and other relevant health and safety requirements. If a parent hospital or FED utilizes the services of a clinical laboratory located outside the State of Alabama, the parent hospital or

FED shall ensure that, in connection with any work performed for the parent hospital or FED, the laboratory complies with the requirements for the reporting of notifiable diseases to the Department, as set forth in state law and the rules of the Board.

(6) A parent hospital or FED shall promptly notify the Department in writing when there is any change in its accrediting organization or deemed status.

(7) An FED shall surrender its license and cease all operations if the license of the parent hospital is voluntarily terminated, revoked by the Board, or suspended by emergency order of the State Health Officer.

420-5-9-.03 The Governing Authority.

(1) An FED and its parent hospital shall have an effective governing authority that is legally responsible for the conduct of the FED and parent hospital as an institution. The governing authority of the parent hospital shall provide administrative oversight for the care and services of the FED. The parent hospital's governing authority shall comply with the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

(2) Contracted services. The governing authority shall be responsible for services furnished in the FED whether or not they are furnished under contracts. The governing authority shall ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the FED to maintain compliance with the requirements of these rules.

(a) The governing authority shall ensure that the services performed under a contract are provided in a safe and effective manner.

(b) The FED shall maintain a list of all contracted services, including the scope and nature of the services provided.

420-5-9-.04 Patient Rights. The FED, as a department of the parent hospital, shall have an obligation to protect and promote the rights of each patient and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.05 Personnel.

(1) The FED, as a department of the parent hospital, shall have personnel management as a section of the hospital's personnel system and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code. The FED shall be adequately staffed at all times to meet the needs of the patient population served.

(2) Staff Qualifications for FEDs.

(a) The FED Medical Director shall be:

1. Board Certified by American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.
2. Competent in management and administration of clinical services in an Emergency Department.
3. Knowledgeable about EMS operations and the regional EMS network.
4. Responsible for assessing and making recommendations to the parent hospital's credentialing body related to the qualifications of FED physicians and the clinical privileges granted to FED physicians.
5. Responsible for assuring that the clinical staff are continuously qualified, competent and supervised in emergency care of patients.

(b) Each FED physician shall be individually credentialed by the parent hospital medical staff.

(c) At least one physician on site during hours of operation shall be:

1. Certified or Board Eligible by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine; or
2. Certified or Board Eligible to sit for the examination of one of the following boards: Internal Medicine, Family Medicine, or Surgery; and shall hold a certificate from the following approved programs: Advanced Coronary Life Support; Advanced Trauma Life Support; Advanced Pediatric Life Support; and shall have three years of full time clinical experience in emergency medicine within the past five years.

(d) The Director of Nursing Services in the FED shall be a Registered Nurse with an active and unencumbered license from the Alabama Board of Nursing and shall direct all nursing services and all nursing support personnel, and must:

1. Demonstrate by education and experience competency in Emergency Room nursing. The designation of Certified Emergency Nurse (CEN) is a benchmark, but not required.
2. Provide evidence of competent management and administration of clinical services in an Emergency Department.
3. Ensure nursing and support staff are appropriately educated and qualified.

(e) Each Registered Nurse (RN) in a FED shall:

1. Provide evidence of at least one year previous Emergency Department or ICU experience as a staff nurse or completion of an Emergency Department educational program.

2. Demonstrate evidence of the knowledge and skills to deliver emergency nursing care.

(f) At least one licensed registered nurse who has training and experience in emergency care shall be on site at the FED at all times. At least one registered nurse on site shall hold a current certification in both Advanced Cardiac Life Support and Advance Pediatric Life Support, or two registered nurses on site at all times, one having current certification in Advanced Cardiac Life Support and one with current certification in Advanced Pediatric Life Support.

(g) At least one certified and registered radiology technologist shall be on site at the FED at all times.

(h) At least one person qualified to perform laboratory testing at the level of laboratory services provided on site by the FED shall be on duty at all times.

(3) Each FED shall have a full time administrative director who acts as a liaison with the parent hospital, directs the daily administrative operations of the FED, ensures the employees and staff is adequately trained, and provides oversight of the maintenance of the FED, coordination of patient safety and quality improvement programs and activities.

420-5-9-.06 Physical Environment.

(1) An FED shall be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment of patients as a department of the parent hospital and shall comply with the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

(2) An FED shall comply with the applicable requirements of the *Guidelines for Design and Construction of Health Care Facilities*.

(3) Remodeling.

(a) The remodeled area of existing facilities shall be upgraded to comply with the current requirements for new construction.

(b) Any remodeling to existing facilities shall not diminish the level of safety which existed prior to the start of the work.

420-5-9-.07 Patient Transport or Referral.

(1) Each FED shall have an inter-facility transfer protocol with the parent hospital. The FED shall have a transportation agreement with licensed ground and air emergency medical provider services for necessary transport of patients to the appropriate acute care hospital primarily for non-acute emergency transportation. The FED may utilize a “911” call for acute emergency transport of patients, but shall not utilize “911” services as a routine plan for non-emergency patient transport. The transfer protocol shall be approved by the FED Medical Director and parent hospital Medical Staff.

(2) The FED shall transfer or refer patients when necessary, along with all necessary medical information, to appropriate licensed facilities, agencies, or outpatient services for follow up or ancillary care. In no event shall an FED knowingly refer a patient to an unlicensed health care facility in violation of § 22-21-33(b), Code of Ala. 1975.

(3) For transportation out of a facility, if a patient is unable to ride in an upright position or if such patient’s condition is such that he or she needs observation or treatment by emergency medical services personnel, or if the patient requires transportation on a stretcher, gurney or cot, the facility shall arrange or request transportation services only from providers who are emergency medical provider services licensed by the Board. For the purposes of this rule, an upright position means no more than 20 degrees from vertical. If such patient is being transported to or from a health care facility in another state, transportation services may be arranged with a transport provider licensed as an emergency medical provider service in that state.

(4) The FED shall have an Alabama Department of Transportation approved helicopter pad on site.

420-5-9-.08 Medical Staff. The members of the FED medical staff shall be credentialed by and be part of the medical staff of the parent hospital, and shall conform to the medical staff bylaws and rules and regulations of the parent hospital and shall be governed by the Board’s Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.09 Quality Assurance or Quality Assessment and Performance Improvement (QAPI) Program. The FED shall participate in the parent hospital’s Quality Assurance or Quality Assessment and Performance Improvement (QAPI) Program and shall be governed by the Board’s Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.10 Nursing Services. The FED shall have an organized nursing service that provides 24-hour nursing services that meets the needs of the patients. The nursing services shall be furnished or supervised by a registered nurse and shall be governed by the Board’s Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.11 Infection Control.

(1) The FED shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the prevention, control, and investigation of infections and communicable diseases supervised and administered by the parent hospital.

(2) The FED shall participate in the parent hospital's infection control program and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.12 Medical Record Services.

(1) The FED shall have medical records fully integrated in the medical record system of the parent hospital and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code. Each FED shall also maintain a picture archiving and communications system ("PACS") which provides for the timely and efficient storage, transmission and retrieval of digital medical images.

(2) Each FED shall maintain a register or log of all patients who present to the FED for treatment or services.

(3) Each FED shall maintain a medical record for each patient that documents the purpose of the visit and discharge instructions including the detection and course for necessary follow up.

(4) All orders, including verbal orders, shall be dated, timed, and authenticated by the ordering practitioner in accordance with hospital policy, but no longer than 30 days after entry.

(5) The parent hospital shall maintain a plan to transfer all records to another facility in the event the FED ceases operation.

420-5-9-.13 Food and Dietetic Services.

(1) The FED shall have appropriate food and beverages available for the patients. The FED shall be responsible for meeting the nutritional needs of patients. The food services provided to patients shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

(2) The FED may, at its discretion, make available food and beverage service to staff and visitors. The available food and beverage service areas must be maintained in a clean and sanitary manner.

420-5-9-.14 Emergency Services.

(1) The FED shall meet the emergency needs of its patients in accordance with acceptable standards of practice and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

(2) Each FED shall meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at § 1867 of the Social Security Act (42 USC § 1395dd) and the accompanying regulations in 42 CFR § 489.24 and the related requirements at 42 CFR § 489.20(l),(m),(q), and (r), as a required condition of participation for CMS certification.

(3) Each FED shall maintain a communication system that is fully integrated with the parent hospital emergency department and the designated EMS System.

420-5-9-.15 Pharmaceutical Services. The FED shall have pharmaceutical services available on site that meet the needs of its patients and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code, and all applicable federal and state law and rules governing the maintenance and provision of pharmaceutical products and services.

420-5-9-.16 Radiologic Services. The FED shall have the essential diagnostic radiologic equipment and services immediately available on site (such as X-ray, CT scan, and ultrasound equipment) capable of supporting the emergency services offered at the FED. Such services shall be performed by qualified personnel. All radiologic services shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.17 Laboratory Services.

(1) The FED shall have adequate laboratory services available on site to meet the needs of its patients. Laboratory services shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code. Specialized laboratory studies which are required as medically necessary at the time that the patient presents to the FED, but not available in the laboratory facilities on site, shall be sent to the parent hospital or other appropriate laboratory for processing. The FED shall have policies and procedures for this arrangement which include review and communication of results to the appropriate individual.

(2) The FED's laboratory shall maintain a current federal CLIA number and certificate separate from the CLIA number and certificate of the parent hospital.

420-5-9-.18 Nuclear Medicine Services. If the FED provides nuclear medicine services, those services shall meet the needs of the patients in accordance with acceptable standards of practice and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

420-5-9-.19 Respiratory Care Services.

(1) The FED shall meet the needs of its patients for respiratory care services in accordance with acceptable standards of practice and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.

(2) Respiratory care services may be provided by registered nurses who are properly trained and supervised.

420-5-9-.20 Discharge Planning. The patient or their representative shall be provided written discharge instructions regarding follow up referrals/appointments, medication management and procurement, durable medical equipment, availability of community resources and other identified needs at the time of discharge.

420-5-9-.21 Emergency Preparedness. The emergency preparedness of the FED shall be integrated with, consistent with, and shall be governed by the Board's Rules for Hospitals, Chapter 420-5-7, Ala. Admin. Code.