

Chapter: 2 – Governing Body
Subchapter: Medical Staff
Policy Number: MS 2.20
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RULES AND REGULATIONS – MEDICAL STAFF

I. PURPOSE

To provide rules and regulations for the Medical Staff at the Ambulatory Surgery Center (ASC).

II. SCOPE

This applies to the Medical Staff of the ASC.

III. RULES AND REGULATIONS

1. Only members of the medical staff may admit a patient to the ASC. The attending physician, dentist or podiatrist must indicate the patient's diagnosis at the time the Request for Admission is made. In addition, the attending physician, dentist or podiatrist shall include the following information, when applicable:

a. any facts essential for the protection of the ASC population against unnecessary exposure to infectious and other communicable diseases, and

b. any information concerning a physical, emotional or mental condition, which might be potentially problematic in relationship to other patients or staff members.

2. The physician, dentist or podiatrist member of the Medical Staff responsible for a patient's admission will also be responsible for the care and treatment of the patient, and in addition, is responsible for all "orders" for the patient. The attending staff member may issue directives to other members of the Medical Staff for care of his/her patient, but in all instances, the orders shall be verified by a physician, dentist or podiatrist member of the Medical Staff. Under normal circumstances, all orders for narcotics and dangerous drugs will expire when the patient is discharged from the Center.

4. A history and physical is required for all patients. The history and physical may be performed within 30 days of admission. If the history and physical is performed prior to admission vital signs and systems stability or change must be documented in the medical record. A history and physical will be performed by a member of the Medical Staff on each patient prior to dental or podiatric surgery and there must be medical

supervision of the medical aspects of all dental or podiatric patients throughout their stay.

5. Verbal and Telephone Orders

- a. Physicians may give verbal orders when the medical record is not readily accessible, or by telephone from another location.
- b. Within the limits of their disciplines, verbal orders may be recorded by authorized licensed professionals including registered nurses.
- c. The authorized professional receiving an order shall document the order content on the Physician order form in the medical record. With manual documentation, all verbal orders shall be signed by indicating, R.V.V.O., name of Physician, full signature and credentials of receiving authorized professional, dated and timed. The entry "R.V.V.O." means "Read Back and Verified Verbal Order." (see administrative policy on Verbal Orders)
- d. In the event that a verbal order is not documented in accordance with the procedure prescribed in this Policy, then it shall be flagged to the Physician's attention for signature, date and time within two days.

6. The attending physician, dentist or podiatrist shall be responsible for the medical record on each patient. Entries in the medical record of a patient may also be made by another medical staff member, consultant physician, dentist, podiatrist or a registered nurse. All medical records must be complete within 30 days of discharge. This record shall include relevant aspects of the following:

- a. Identification and statistical, personal descriptive data.
- b. Statement of present complaint, i.e. indication for surgery
- c. History of present illness.
- d. Past medical history.
- e. Family history.
- f. Physical Examination.
- g. Special reports such as those from:
 - i. a clinical laboratory including examination of tissues;
 - ii. an x-ray department; and
 - iii. consultants
- h. Diagnosis.
- i. Pre-operative telephone nursing assessment and instructions
- j. Anesthesia informed consent
- k. Informed consent for surgery/procedure
- l. Medical and Surgical Treatments
- m. Progress notes.
- n. Condition of patient at discharge including instructions given to him/her at that time.
- o. Discharge orders
- p. Operative reports shall be written or dictated immediately following surgery and authenticated by the performing physicians dictated within 48 hours following surgery. A post-operative progress note must be present in the medical record immediately after surgery to provide pertinent information until the complete operative report is available.
- q. Correspondence and follow-up record.
- r. Intra-operative and PACU nursing care record
- s. Post-operative telephone call to evaluate condition and assessment of care.

7. On the date an operative procedure is to be performed, the patient's referral history and physical, indicated appropriate laboratory reports, indicated radiology reports and consultations must be recorded in the patient's record.
8. All operative procedures performed shall be fully described in the medical record by the attending Medical Staff member at the time of completion of the surgery.
 - a. The operative note shall contain a description of the findings, a detailed account of the technique used and record of the removal of all tissues, foreign materials and objects.
 - b. Non-exempt tissues removed from a patient will be sent to a pathologist for medically appropriate examination.
 - c. The Pathologist shall make such examination and record the removed tissues or materials he/she considers necessary to arrive at a satisfactory diagnosis, and his/her report shall be included in the patient's record.
9. Patients shall be discharged only on a written order of the Anesthesiologist. Gastroenterology cases, which do not involve the evaluation of an anesthesiologist either before or after surgery unless requested by the attending surgeon, dentist or podiatrist, shall be discharged by the attending physician.
10. Physicians, dentists and podiatrists will be required to forward a copy of the discharge summary to the surgery center on all Hospital Admissions, if admitted to a non IU Health hospital.
11. All patient records, pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc. are the property of the ASC and shall not be taken from the ASC except on court order duly filed with the Medical Records' Office of the ASC, or a copy of the patient's record may be made available to the attending physician, dentist or podiatrist or any individual who has written authorization of the patient, or to the patient's legal guardian. The copy may be removed from the ASC only after the Medical Records' Office has received a signed, written request. In the case of re-admission of a patient, all previous records shall be made available to the attending physician, dentist or podiatrist. Under normal circumstances, the original medical record of a patient will be maintained by the ASC for seven (7) years.
12. All patients, or in the case of an unemancipated juvenile, his/her parent or legal guardian, must sign the ASC "Informed Consent Form", prior to any surgical procedure. It is the responsibility of the attending physician, dentist or podiatrist to explain in detail to the patient, or in the case of an unemancipated juvenile, his/her parent or legal guardian, the necessity for the procedure to be performed, the alternatives to the procedure and the potential risks involved. It is the responsibility of the attending physician, dentist or podiatrist to secure the patient/parent/or legal guardian's signature on the ASC "Informed Consent Form". Additionally, the attending Anesthesiologist will discuss and explain the administration of Anesthesia and secure a signed request for same.
13. In accordance with the Bylaws of the Medical Staff of the ASC, no member of the Medical Staff shall give or receive from another physician, dentist or podiatrist, any part of a fee received from a patient. All physicians, dentists or podiatrists must present fee

for services rendered to the patient in a form that identifies both the physician, dentist and podiatrist and the services provided.

14. A physician shall be immediately available to the ASC during the period any patient is present in the center.

15. These Rules and Regulations shall be effective when adopted as provided by ARTICLE X of the Bylaws.

IV. PROCEDURES

XI. RESPONSIBILITY

The ambulatory surgery center Medical Administrator/Director, surgery center Administrator/Director, Clinical Managers and/or their designee(s) are responsible for the consistent application of this policy.

XII. APPROVAL BODY

Board of Managers

Approval Date: June 2013

Effective Date: June 2013

Supersedes:

Reviewed: