



MEDICAL STAFF RULES AND REGULATIONS

ARTICLE I. PROFESSIONALISM

- 1.1 These rules and regulations are intended to provide comprehensive information to members of the Ambulatory Surgery Center in order for them to fulfill their commitment and responsibility to provide quality and safe patient care. In addition, members of the Medical Staff are obliged to carry themselves in a manner, which exemplifies the utmost respect and professionalism toward patients, families, visitors, staff and employees of the Ambulatory Surgery Center.

ARTICLE II. STAFF PRIVILEGES

2.1 **Attending**

Only physicians/dentists who have been duly appointed to membership by the Ambulatory Surgery Center Board of Managers or who have been granted temporary privileges and are in good standing are eligible to serve as the attending physician/dentist for patients within the surgery center.

2.2 **Reporting Requirements**

In addition to reporting requirements at the time of initial application and reapplication to the Ambulatory Surgery Center, all members of the Medical Staff are to immediately report to the Medical Director or his/her designee when any circumstances involving the following occur:

- a) suspension or any action (censure, reprimand, and/or fine) regarding their professional license
- b) loss, suspension or other actions (excludes routine renewal) regarding state or federal prescribing of controlled substances
- c) loss, suspension or limitation (excludes routine non-renewal) of clinical privileges at another health care facility
- d) filing of notice of exclusion/debarment from any federal health care program including Medicare/Medicaid
- e) filing of any criminal charge by state or federal authorities (excludes minor traffic violations)

ARTICLE III. ATTENDANT CARE CENTER

3.1 **Admission of Patients to the Attendant Care Center**

Active and Provisional Medical Staff members may admit patients to the Attendant Care Center (ACC). The physician/dentist who admits the patient must be available or have a designee available to answer questions, write orders, and discharge the patient within the Centers for Medicare/Medicaid Services (CMS) required time frame of twenty-three (23) hours.

CMS guidelines do not allow for planned overnight stay for observation for Medicare and Medicaid patients other than for medical reasons that arise during the surgical procedure or in recovery.

If a patient is discharged from PACU to the ACC and requires admission to the hospital, the patient must be seen in the Emergency Department.

ARTICLE IV. PATIENT/FAMILY COMPLAINTS

- 4.1 Surgery center patients shall be provided with appropriate channels to communicate dissatisfaction with medical care and treatment, safety and security, and be provided a timely and appropriate response upon conclusion of the investigation into the concern. Members of the Medical Staff must fully cooperate in such investigations.

ARTICLE V. OUTPATIENT CARE

5.1 Delegation of Physician/Dentist Responsibilities

In order to insure quality health care to all patients, certain responsibilities must be performed by a physician/dentist and are not to be delegated to non-physician/dentist without proper oversight. These responsibilities include:

1. Physician/dentist must obtain and review the history of the current condition and perform the initial physical examination.
2. Site marking, if required.
3. Completion of Consent Form.
4. Dictation of operative notes.
5. Completion of discharge summary.
6. Completion of pre/post anesthesia notes.
7. Performance of surgery which the physician/dentist has agreed to perform.
8. Signatures of reports, orders or other medical record entries.

5.2 Transfer Care of Patient

The physician/dentist is responsible for writing the order to transfer care of the patient to another physician/dentist who has accepted those responsibilities. Such transfer status is to occur only after a physician/dentist order has been written and communicated to the receiving unit.

5.3 Discharge of Patients

Physicians/dentists must write an order to discharge the patient to go home when discharge criteria is met.

5.4 Leaving Against Medical Advice

If a patient desires to leave the surgery center or a parent or any family member wishes to remove a patient from the surgery center, the attending physician shall be notified immediately. The attending physician or designee shall counsel the patient and/or family regarding the consequences of the patient leaving against medical advice. The attendees and discussion content shall be documented in the patient's record. All interdisciplinary components of the discharge paperwork will be completed. The patient leaving against the advice of the attending physician or

designee, or the family member of the patient, will be required to sign the discharge form.

ARTICLE VI. CONSENT

6.1 Informed Consent Process

A separate Consent for Procedure form must be completed by the patient and his/her attending physician/dentist within sixty (60) days prior to procedure. Appropriate informed consent forms must be completed and in the patient record before a procedure is initiated.

In addition to discussing the proposed procedures with the patient and completing the written Consent for Procedure form, the attending physician should include a note in the patient's medical record to the effect that the physician spoke to and advised the patient of the nature of the proposed care, treatment, services, medications, interventions, or procedures; and potential risks and benefits.

6.2 Anesthesia Consent

A separate Consent for Anesthesia form must be completed by the patient and his/her anesthesiologist prior to the procedure. Appropriate informed consent forms must be completed and in the patient record before a procedure is initiated.

ARTICLE VI. HAND OFF

The anesthesiologist must be actively involved in hand off and document transfer of patient care accordingly.

ARTICLE VII. MEDICAL RECORDS

7.1 Handwritten entries

Any handwritten entries made in the medical record must be legible, and written with permanent ink, and dated and signed.

7.2 Authentication of orders

Reports dictated and transcribed through the Department of Health Information Management are required to be authenticated by computer key (Soft Med's Electronic Signature Authentication – ESA). Orders written by medical students must be countersigned by a resident or staff physician, and orders written by allied health practitioners must be signed by their physician supervisor within twenty-three (23) hours. If the allied health practitioner holds prescriptive authority orders do not require countersignature. The order must be dated and timed.

7.3 History and Physical

History and physicals can be done up to thirty (30) days prior to the procedure. Any history and physical that is past thirty (30) days will require a new history and physical to be written.

The admitting physician is responsible for documentation of the patient's medical history and report of the physical examination. The responsibility for documentation may be delegated to a resident, medical student, or allied health practitioner. If documented by a designee, it must be reviewed and authenticated by the attending physician. The history and physical may be performed by an Oral and Maxillofacial

surgeon qualified by virtue of postgraduate training, and determined by the medical staff to be currently competent to assess the medical, surgical, and anesthetic risks of the proposed procedure. History and Physicals for dental patients must be performed by a physician. Anesthesiologists will sign the update for dental patients on the day of surgery. Podiatrists are responsible for the part of their patient history and physical examination that relates to podiatry. Anesthesiologists will sign the update for Podiatrists on the day of surgery.

The attending physician will review the History and Physical, note any updates or changes, and sign and date the document on the day of procedure.

7.4 Operative/Procedure Notes

The attending physician/dentist must dictate the operative notes immediately (before patient is discharged from the Center) following any procedure performed.

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.

7.5 Anesthesia Records

Prior to induction of anesthesia, every patient must be evaluated. The anesthesiologist shall be responsible for the evaluation and documentation of airway, ASA status, heart, lungs, and blood pressure.

ARTICLE VIII. QUALITY/PATIENT SAFETY

8.1 Hand Hygiene

In order to minimize the incidence of healthcare-associated infection rates at the ambulatory surgery center and comply with CMS regulations. Individuals who fail to immediately respond and/or display continued resistance will be subject to the requirements as defined by the Director of the ambulatory surgery center.

- a. Before Patient Contact
- b. Before Aseptic Task
- c. After Body Fluid Exposure Risk
- d. After Patient Contact
- e. After Contact with Patient Surroundings

Complete descriptions of the 5 Moments for Hand Hygiene can be found in the Hand Hygiene policy IPC 7.03.

8.2 Quality Measurement and Improvement

Members of the Medical Staff are expected to actively participate in quality activities, i.e., participation on the Infection Control and Tissue Committee, Credentials Committee and/or the Utilization Review Committee, for services performed in the center with regard to appropriateness of diagnoses and treatments related to a standard of care and anticipated or expected outcomes.

8.3 Peer Review Activities

The Medical Staff understand, support and participate in a peer review program through organized mechanisms that are consistent with the surgery center's policies

and procedures, and are responsible to the governing body. The peer review activities are evidenced in the quality improvement program.

8.4 Risk Management Activities

Members of the Medical Staff must fully cooperate in risk management activities.

ARTICLE IX. GENERAL RULES / EXPECTATIONS

9.1 Confidentiality

In keeping with state and federal laws, as well as Ambulatory Surgery Center policy, all medical records, patient-specific information, peer review materials, risk management materials, credentialing records and files, minutes of relevant Medical Staff and surgery center meetings, are the property of the Ambulatory Surgery Center.

Access to confidential materials by Medical Staff is permissible only when the person seeking access is involved in the care of the patient or is engaged in peer review, risk management, credentialing or other authorized activity. This requirement applies to information in electronically stored or hard copy format.

9.2 Adherence to Ambulatory Surgery Center Policies and Procedures

All members of the Medical Staff are expected to adhere to established policies and procedures for the Ambulatory Surgery Center. This includes adherence to all health care regulatory and accreditation requirements. Breach of policies, standards or regulations by individual physician/dentists will be handled through peer review mechanisms of the Ambulatory Surgery Center Medical Staff.

ARTICLE X. REVISIONS

These Rules and Regulations may be amended by the Medical Advisory Board, through electronic distribution, and approval by the Board of Managers.

Approved by the Senate Street Surgery Center Board of Managers on December 7, 2012.