

MEDICAL STAFF RULES AND REGULATIONS

Parkview Southwest Surgical Center

Rules & Regulations

- I. The Medical Staff shall maintain professional liability insurance as mandated by the State of Indiana.
- II. No patient shall have surgery scheduled or be admitted to the Surgery Center until after a provisional diagnosis has been stated.
- III. Physicians admitting patients shall be responsible for giving such information as may be necessary, if the physician has knowledge of, to assure the protection of other patients from those who are a source of potential danger.
- IV. Pre-anesthesia laboratory requirements will be determined by the Medical Executive Committee. If laboratory procedures are necessary, they will be performed in facilities which are CLIA accredited.
- V. Radiological services shall be provided in the Surgery Center by means of a portable radiological system. Services shall be limited to services specifically ordered by the admitting physician as an adjunct to surgical or pain procedures. Other pre-admission or post-op x-rays will be done in an outside facility.
- VI. Physician orders and standing orders of medical policy shall be approved by the Medical Executive Committee after verification by the appropriate physicians. All orders shall be documented consistent with Surgery Center policies..
- VII. The attending physician shall be responsible for the preparation of a complete and legible medical record for each patient he/she admits. The record shall include identification data, chief complaint, brief history of present illness, brief pertinent personal history, significant past medical and family history, laboratory results, surgical and anesthesia consent, report of surgical procedure, anesthesia record, pre-operative and post-operative nursing notes, pathology report, progress note, final diagnosis and discharge summary. No medical record shall be filed until it is complete., except on order from the Board of Directors.
- VIII. A pertinent history and physical examination shall be performed according to the Centers guidelines or concurrent with the admission of the patient. A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed. Report of the physician examination must include: planned procedure, diagnosis, planned anesthesia, chief complaint, comorbid conditions, allergies, current medication, smoking history/substance abuse, and physical exam. If the patient requires a consultation or referral it must be accomplished in an appropriate and timely manner.
- IX. All records are the property of the Surgery Center and may not be released without court order, subpoena, or statute. In case for-admission of a patient, all previous records shall be available for the use of the attending physician. This shall apply whether the patient is attended by the same physician or another.
- X. Admitting Procedures
 - A. Patients shall be admitted a minimum of one (1) hour prior to their scheduled time of surgery. Exceptions will be for Pediatric patients or minor treatment room cases.
 - B. A surgical operation shall only be performed on written consent of the patient or his/her legal representative.

- C. Prior to the scheduled procedure or treatment, the patient will sign consent form, which verified that he/she understands the procedure and the risks involved. The Surgery Center shall furnish such forms.
- D. The consent form shall be completed prior to the procedure or treatment. The physician or his/her designee shall be responsible for obtaining the patient's signature, properly witness and placing the form on the patient's chart.
- XI. All surgical specimens, except those exempted by the centers policy, removed at operation shall be sent to the Pathologist who shall make such examination as considered necessary to arrive at a diagnosis. The Pathologist shall document the written report in the patient's medical record.
- XII. Patients shall be discharged only on written order of the attending physician or his physician delegate. At the time of discharge, the attending physician or his physician delegate shall see the record is complete, state his final diagnosis, and sign the record. All patients must be discharged in the company of a responsible adult or in accordance with Center policy. A physician shall be available to the Center during the period any patient is present in the Center.
- XII. The Medical Executive Committee shall constitute a thorough review and analysis of the clinical work done in the Surgery Center. This will include the consideration of infections, complications, errors in diagnosis, and the results of-treatment from among selected admission to the Surgery Center.
- XIV. Members of the Medical Staff shall exercise prudence and judgement in the selection of procedures and patients appropriate for the outpatient facility. All outpatient surgical procedures offered by the Surgery Center shall be approved by the Medical Executive Committee and the Board of Directors. The Medical Director may give tentative approval for an unlisted procedure only until the next scheduled meeting of the Medical Executive Committee.
- XV. Credentialing and Privileging: All applicants for appointment or reappointment must continuously meet the qualifications and standards of performance outlined in the Medical Staff Bylaws, Quality Management Plan, specialty-specific privilege forms and other associated policies, rules, and regulations.
- XVI. Patients may be treated by physicians who have been appointed to the Medical Staff of the Surgery Center by the Medical Executive Committee and Board of Directors of the Surgery Center, as well as have privileges at a local hospital. If the patient's physician would be detained or unable to perform the scheduled procedure, the patient is given the option to have their care transferred to a duly qualified physician.
- XVII. All podiatry and Dental procedures shall be performed in conjunction with regulations set by the Surgery Center and the Medical Executive Committee. An adequate history and physical shall be performed by a physician for each podiatry and Dental patient prior to surgery.
- XVIII. Surgeons must be in the operating room and be ready to commence the operation at the time scheduled. No case shall be held longer than thirty (60) minutes after the scheduled time. In such an event, the case could be rescheduled.
- XIX. Surgery Center personnel and Medical Staff shall follow all Surgery Center policies and procedures related to medical record documentation.
- XX. Narcotics, sedatives, antibiotics and anticoagulant drugs are ordered for the day of admission only.
- XXI. Only the physician or Anesthesiologist shall administer intravenous anesthetic agents.

XXII. Advanced Practice Provider (APP)

- A. The Medical Staff shall establish guidelines as to the approval, and reappointment of function of Advanced Allied Health Providers (APPs). These guidelines will outline:

1. General Institutional Policies

It is the policy of the Surgery Center to allow the practice of other health care providers, such as Advanced Practice Providers, when such practice is sponsored by a physician who is a member of the Medical staff. This includes: when duties of the Licensed APP is clearly delineated, when such activities are approved by the Medical Executive Committee (MEC), and when patient care is not adversely affected.

2. Specific method of processing an individual's application.

The sponsoring physician is to sign the application and attest to the fact that the applicant will be acting only in accordance with stated functions, approved privileges, and in accordance with the guidelines of the Board of Medical Examiners or any pertinent subsequent state laws that should ensue. There must be a clear identification of the physician who is responsible for all the Advanced Practice Providers (APPs) activities within the Surgery Center. Liability insurance coverage must be provided by the sponsoring physician.

3. The method of delineating privileges approved.

The responsibility of approval and delineation of privileges for APP's shall reside with the Medical Executive Committee of the Medical Staff and Board of Directors. Following the approval of a LIP, the LIP and the Sponsoring Physician are notified in writing.

Revised and Approved by:

Medical Director

Date

Date

VP of Surgical Services