

thirty (30) days prior for patients schedule for surgery, and for endoscopy procedures this must be completed prior to procedure and must be signed and dated by the provider. A physical assessment will be required for all patients having procedures done under local anesthesia. This may be performed the day of surgery but no more than thirty (30) days prior and must be signed and dated by the provider. Dentists and podiatrists must arrange for their patients to be evaluated by a physician as dictated by the Pennsylvania State Department of Health.

- F. Telephone orders may be dictated to another member of the medical staff or to an RN, but only under urgent circumstances. These orders will be documented in the Order tab, of the EMR, with time, date, order and person receiving order. Countersignatures will be completed by ordering physician in the EMR within 24 hours.

All verbal orders will be read back to the ordering provider in order to verify accuracy.

- G. All physicians, dentists and podiatrists will 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 or an RN. The medical record shall include:

1. Patient ID
2. Vital signs pre-op, intra-op, post-op per protocol
3. H&P
4. Pre-operative studies where indicated
5. Allergies
6. Informed consent
7. OR record
8. Anesthesia record
9. Recovery record
10. Physician orders/progress notes
11. Nurses notes
12. PCP form where indicated.
13. Disposition, recommendations and instructions given at discharge
14. Dictated operative note
15. Pathology report
16. Pre-op assessment
17. Serum or urine pregnancy test or waiver for female patients of child bearing age.
18. Point of care blood glucose test for any diabetic patients
19. Pre-anesthesia evaluation
20. Medication Reconciliation record

- H. The patients H&P, lab results, x-ray and EKG results and special orders must be in the Surgical Center 24 hours prior to surgery, with the exception of endoscopy procedures, where the H&P can be completed day of procedure. The patient's medical record will be reviewed by anesthesia prior to the pre-op phone call. The patient will be seen by a member of anesthesia before the start of any operative procedure. The Medical Director or his designee may exercise the authority to cancel an operative procedure for medical reasons. This will be done in consultation with the attending physician, dentist or podiatrist.
- I. All operations performed will be fully described in the medical record by the physician, dentist or podiatrist at the time of completion of surgery.
 - 1. The operative note shall contain a description of the findings, a detailed account of the technique used and record the removal of all tissue, foreign materials and/or objects. The operative note should be dictated following the procedure and should be electronically signed within 24 hours.
 - 2. When indicated, tissues removed from a patient will be sent to the lab for examination by a pathologist. A report of the pathologist's findings will be included in the patient's medical record in a timely fashion.
- J. Patients shall be discharged only on the written order of an anesthesiologist. An anesthesiologist will be present in the surgical center at all times when patients are present.
 - 1. Patients having endoscopy studies with conscious sedation or local procedures will be discharged by the attending physician.
- K. All patient records, reports, x-rays, photographic records, EKG, etc. are the property of AHSC and shall not be taken from the surgical center except on court order duly filed with the Director Perioperative Care of AHSC. A copy of the patient's record may be available to the physician, dentist, podiatrist or an individual who has written authorization of the patient or to the patient's legal guardian. The original medical record of a patient will be maintained by AHSC in accordance with the State Department of Health requirement.
- L. All patients must sign an informed consent prior to any surgical or endoscopic procedure. In the case of a minor, his parent or legal guardian will be responsible to sign the informed consent. It is the responsibility of the physician, dentist or podiatrist to explain to the patient or patient/legal guardian in detail the present clinical condition, the planned operative procedure, the alternatives available and the usual risks involved with the operative procedure.

The anesthesiologist is responsible for explaining the planned method of anesthesia, the alternatives available and the risks involved with the type of

anesthesia to be given.

A separate informed consent will be signed for patients undergoing general, monitored, spinal, epidural, regional and blocks anesthesia. The patient or parent/legal guardian must acknowledge receiving this information by signing the informed consent.

As required by the Department of Health for any pediatric patient under 18 years of age: The medical record shall include documentation that the child's primary care provider was notified by the surgeon in advance of the performance of the procedure, and that an option was sought from the primary care provider regarding the appropriateness of the use of the facility for the proposed procedure. When an option from the child's primary care provider is not obtainable, the medical record shall include documentation which explains why an opinion could not be obtained.

- M. 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 which identified both the physician, dentist or podiatrist and the services provided to the patient or a third-party payor. Physicians, dentists or podiatrist in group practice or partnerships should indicate in their accounting the name of each physician, dentist or podiatrist who has rendered services and the amount which each physician, dentist or podiatrist is to receive for these services.
- N. Medical record keeping policies and procedures are as follows:
 - 1. The findings and techniques of an operation shall be accurately and completely dictated immediately after the procedure by the medical staff member who performed the operation.
 - 2. The medical record should be completed within 30 days of the procedure.
 - 3. All medical staff members with incomplete medical records of 21 days will be considered delinquent.
 - 4. Failure to complete the medical record by day 30 will result in a temporary suspension of privileges from the surgical center. Scheduling of procedures will not be permitted until the delinquent records are completed. Notification of suspension will occur via letter and/or email to provider.
- O. Members of the Medical Staff shall abide by the General Policies of the center.

GENERAL POLICIES

- 1. Scheduling
 - a. Procedures may be scheduled at AHSC by calling 717-741-8255 between 8 AM to 5 PM Monday through Friday, via fax @ 717-741-8289 and Case

Request via Epic.

- b. Physicians wishing to schedule cases outside of their block time or those who have not been assigned a designated block, may call 717-741-8255 0800 – 1700 Monday through Friday.
- c. Surgery will begin no earlier than 7:00 AM Monday through Friday.
- d. General or MAC Anesthesia may be scheduled later in the afternoon dependent upon the completion of procedure and if patient is recovered and ready for discharge by 18:00.
- e. Local anesthesia will be scheduled up to 5 PM
- f. Scheduling is done using a block time system. Block time not utilized will become open time three-seven business days in advance, as designated by the system perioperative governance. The block schedule will be evaluated on a quarterly basis and reviewed by local perioperative governance.
- g. Surgical cases may be scheduled up to and including the day of surgery if the admission criteria are met and the schedule allows as per the discretion of the AHSC Leadership team.
- h. Surgeon must be physically present prior to bringing patient to the OR.
- i. It is the surgeon's responsibility to notify the Surgical Center at least 30 minutes in advance, if he/she will be delayed in arriving. Not notifying the Surgical Center of an anticipated late arrival may result in postponement of the procedure. Any excessive surgeon lates will be subject to review by the Chief Medical Officer.
- j. The Surgical Center will make every effort to contact the surgeon if surgery is delayed by the Surgical Center.
- k. It is the surgeon's responsibility to notify the patient of any cancellation or of any change on the date of the scheduled procedure prior to the patient's admission if such change is at the surgeon's request.

2. Patient Selection

- a. Patient understands and agrees with an ambulatory plan of surgical intervention. Children must be over six months of age.
- b. Patients should be in good general health (ASA Class 1, II or at most, a stable systemic disease, Class III) as judged by an anesthesiologist.
- c. H&P prepared and dated no more than 30 days prior to the surgical procedure and day of procedure for endoscopy procedures.
- d. Preoperative studies are to be ordered at the discretion of the anesthesiologist or surgeon as indicated by the physical assessment, in order to manage the potential risks of anesthesia and/or surgery.

- e. The patient must have an escort to go home if having general or monitored anesthesia. The patient should have someone stay with them the first 24 hours post-op.
 - f. Infectious cases (ie. Abscess) are preferably scheduled at the end of the operating day.
3. AHSC will follow the Pennsylvania Department of Health Rules and Regulations for Ambulatory Care Facilities criteria for ambulatory surgery. Surgical procedures, unless an exception has been received, may not be of a type that:
- a. are associated with the risk of extensive blood loss.
 - b. require major or prolonged invasion of body cavities
 - c. directly involve major blood vessels.
 - d. are emergency or life threatening in nature, unless no hospital is available for the procedure and the need for the surgery could not have been anticipated.
4. Appropriateness of procedures will be decided upon by the Medical Director in conjunction with the surgeon, dentist, or podiatrist.

5. Treatment of Family Members

As a general policy, Medical Staff appointees should not treat themselves, members of their immediate families, or other individuals whose relationship with the Medical Staff appointee may compromise the Medical Staff appointee's objectivity. Medical Staff appointees should also refrain from treating individuals outside of a bona fide provider-patient relationship; this restriction would apply to writing prescriptions for friends and co-workers.

In an emergency, where there is no other qualified provider available, Medical Staff appointees may treat themselves, immediate family members, or other individuals for whom treatment would be generally inappropriate under this policy until another qualified provider becomes available. While Medical Staff appointees should not normally serve as a primary or regular care provider for an immediate family member, there are some situations where routine care is acceptable for short-term, minor problems. This does not include performing surgery or administering anesthesia to an immediate family member. Medical Staff appointees should not prescribe controlled substances for themselves or immediate family members.

When a Medical Staff appointee provides treatment for any patient, including an individual for whom treatment would be generally inappropriate under this policy, the Medical Staff appointee must obtain a patient history, perform a physical examination, and appropriately document the treatment.

Medical Staff appointees providing treatment to themselves or their immediate family

members should be mindful of State and Federal laws and regulations regarding proper prescribing, record keeping, and the requirement for a bona fide provider-patient relationship, as well as the American Medical Association's Code of Ethics and ethical statements and policies of other professional societies. Medical Staff appointees should also be mindful of Medicare regulations which prohibit payment for services to immediate relatives.

V. **DOCUMENTATION:**

VI. **APPLIES TO: PERSONS PERMITTED TO PERFORM:**

Physicians
Dentists
Podiatrists

VII. **AREA PERFORMED:**

Apple Hill Surgical Center

VIII. **REFERENCES/RESOURCES:**