

thirty (30) days prior to surgery, 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 on the physician's order sheet with time, date, order and person receiving order. Countersignatures may be received by facsimile transmission. 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 phone call sheet
 - 17. Serum or urine pregnancy test or waiver for female patients of child bearing age.
 - 18. Pre anesthesia evaluation form
 - 19. 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. 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 14 calendar days.
 - 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 opinion was sought from the primary care provider regarding the appropriateness of the use of the facility for the proposed procedure. When an opinion 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 14 days of the procedure.
 3. A delinquent chart report will be generated weekly.
 4. All medical staff members with incomplete medical records of 14 to 29 days will be notified by mail of delinquent record(s).
 5. Failure to complete the medical record by day 30 will result in a 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 a letter and/or email sent to provider.
 6. The Business office will keep a record of notices, messages and suspensions. Medical staff members will not be held responsible for delinquent records in the event of illness or vacation. Furthermore, they will not be held responsible for delinquent records as a result of an error by the surgical center.
 7. Although the Business Office will always attempt to notify practitioners of chart completion delinquency, it is understood that this is a courtesy. Chart

completion is a recognized part of patient care, and shall remain the ultimate responsibility of each appointee to the Medical Staff and each Allied Health Professional.

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.
- b. Surgery will begin at 7:30 AM Monday through Friday. Consideration may be given to starting procedures at 7 AM.
- c. 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.
- d. Local anesthesia will be scheduled up to 5 PM
- e. Scheduling is done using a block time system. Block time not scheduled in will become open time three (3) business days in advance. The block schedule will be evaluated on an as-needed basis to review utilization.
- f. 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 Director Perioperative Care and Medical Director.
- g. Patient will not be taken into the OR until after that surgeon has arrived in the Surgical Center.
- h. It is the surgeon's responsibility to notify the Surgical Center at least 30 minutes in advance, if he will be delayed in arriving. Not notifying the Surgical Center of an anticipated late arrival may result in postponement of the procedure. A physician, dentist, or podiatrist who is late more than three times in a two month period without reasonable explanation accepted by the Medical Director (defined as greater than 15 minutes beyond the scheduled operative time) may have scheduling privileges suspended for a fourteen (14) day period. The Medical Director will notify the physician, dentist, or podiatrist of this suspension.
- i. The Surgical Center will make every effort to contact the surgeon if surgery is delayed by the Surgical Center.
- j. 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 procedure. Health Survey questionnaire shall be completed by patient.
 - 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 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. Ambulatory surgical procedures are limited to those that do not exceed:
 - a. a total of four hours of operating time
-laparoscopic procedures- follow DOH recommendation
 - b. a total of four hours of directly supervised recovery.
5. Appropriateness of procedures will be decided upon by the Medical Director in conjunction with the surgeon, dentist, or podiatrist.

6. 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: