

MEDICAL STAFF
RULES AND REGULATIONS

Inverness Surgery Center

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- I. An annual report will be made to the members as stated in Section 10.5 of the Center's Medical Staff Bylaws.
- II. The Medical Staff shall maintain professional liability insurance as mandated by the State of Indiana.
- III. No patient shall have surgery scheduled or be admitted to the Surgery Center until after a provisional diagnosis has been stated.
- IV. 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.
- V. 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.
- VI. 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.
- VII. 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 in writing. An order shall be considered to be in writing if dictated to a registered nurse and signed by the attending physician. All orders on the patient chart must be signed, dated and timed by physician when available. All physician entries into medical record must be dated, timed and signed when entry is made to verify compliance of chart completion within thirty (30) days.
- VIII. 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 of the Governing Board.
- IX. 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.
- X. All records are the property of the Surgery Center and may not be taken away without court order, subpoena or statute. In case of re-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. No information contained in the medical record of a patient except information present on the front sheet of the chart and information essential to the processing of insurance claims shall be related to third-parties without the consent of the Surgery Center and the written authorization of the patient, which shall be specifically directed to the Surgery Center, be dated and name the patient's representative.

The attending physician must be immediately notified of the request.

XI. 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.

XII. 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 prepare, sign and submit a written report to the Surgery Center and this report shall be included in the patient's medical record.

XIII. 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, except those exempted by the attending physician. A physician shall be available to the Center during the period any patient is present in the Center.

XIV. 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.

XV. 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 Governing Board. The Medical Director may give tentative approval for an unlisted procedure only until the next scheduled meeting of the Medical Executive Committee.

XVI. Patients may be treated by physicians and podiatrists who have submitted proper credentials and have been duly appointed to the Medical Staff of the Surgery Center as well as Parkview Hospital medical staff. 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 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 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 (30) minutes after the scheduled time. In such an event, the case could be rescheduled.

XIX. Due to the simplicity of the record, the Surgery Center personnel shall notify the physician whose chart is not complete in fourteen (14) working days following discharge of the patient. Twenty-one (21) working days following discharge, a formal letter from the Medical Director will be mailed to the physician. If records

remain incomplete at the end of the thirty (30) days following discharge, the Medical Director will be notified and disciplinary action will be at his/her discretion. Procedure notes must be dictated on the day of service.

- XX. Narcotics, sedatives, antibiotics and anticoagulant drugs are ordered for the day of admission only.
- XXI. No explosive anesthetic gases shall be used in the Surgery Center. Only the physician or Anesthesiologist shall administer intravenous anesthetic agents.
- XXII. Staff Physician-Employed Licensed Independent Practitioner

A. The Medical Staff shall establish guidelines as to the approval, reappointment, and parameters of function of Staff Physician-Employed Licensed Independent Practitioner. 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 physician-employed Licensed Independent Practitioner when such practice is sponsored by a physician who is a member of the Medical staff, when duties of the Licensed Independent Practitioner are clearly delineated, when such activities are approved by the Credentials Committee, and when patient care is not adversely affected.

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

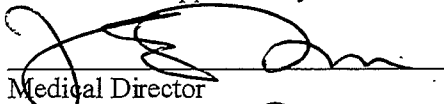
The sponsoring physician is to sign the application and attest to the fact that the applicant will be acting only in accordance with stated functions, approved privileges, and in accordance with the guidelines of the Board of Medical Examiners or any pertinent subsequent state laws that should ensue.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

3. The method of delineating privileges approved.

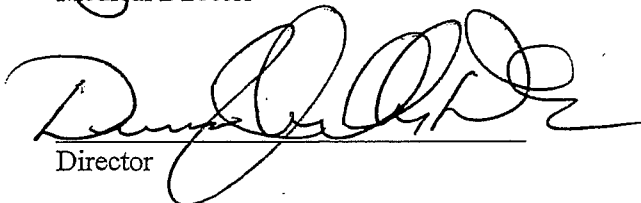
The responsibility of approval and delineation of privileges for LIP's shall reside with the Medical Executive Committee of the Medical Staff. Following the approval of a LIP, the LIP and the Sponsoring Physician are notified in writing.

B. A licensed physician's assistant will only be allowed to practice as a physician employed Licensed Independent Practitioner and will be subject to the rules stated above. The licensed physician's assistant must comply with and adhere to the guidelines of the Board of Medical Examiners.

Revised and Approved by:


Medical Director

11/24/14
Date


Director

11/24/14
Date