AMENDED AND RESTATED
MEDICAL STAFF RULES AND REGULATIONS
OF
The Surgery Center at Lutheran

Section 1 – General Medical Staff Rules and Regulations

The Medical Staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within the approved Bylaws. The rules and regulations shall relate to the proper conduct of Medical Staff organizational activities and will embody the specific standards and level of practice that are required of each Medical Staff Member and other designated individuals who exercise Clinical Privileges or provide designated patient care services in the Facility. Such rules and regulations may be amended or repealed at any regular meeting of the Medical Staff at which a quorum is present, and without previous notice. All such changes in the rules and regulations shall not become effective until approved by the Board of Managers.

Section 2 – Rules and Regulations

The Medical Staff shall formulate and implement rules and regulations, which will become effective upon recommendation of the CRC and final approval of the Board of Managers. Medical Staff rules and regulations shall be consistent with the Bylaws and with established Facility policies.

Section 3 – Relationship to Bylaws

In the event there is a discrepancy between the Bylaws and any rules and regulations, the Bylaws shall supersede the rules and regulations.

Section 4 – Disputes with the Board of Managers

In the event of a dispute between the Medical Staff and the Board of Managers, the CRC and Board of Managers shall meet and confer in good faith to try to resolve the dispute. If both the CRC and Board of Managers agree, a neutral mediator acceptable to both the CRC and Board of Managers may be engaged to further assist in dispute resolution. If the parties are unable to resolve the dispute, the Board of Managers shall make its final determination, giving great weight to the actions and recommendations of the CRC. Further, the Board of Managers determination shall not be arbitrary or capricious, and shall be in keeping with its legal responsibilities to act to protect the quality of medical care provided and the competency of the Medical Staff, and to ensure the responsible governance of the Facility.

Section 5 – Purpose
These Medical Staff Rules and Regulations are in addition to and implement more specifically the general principles found within the Medical Staff Bylaws, Article I (Name, Purpose, Mission, and Use of Bylaws). The Medical Director and Administrator are assigned the responsibility of implementing these rules and regulations for the purpose of providing the optimum convenience to the patient, family, and operating surgeon while fulfilling the goal of extending service to the entire community.

a. **Amendment Procedures:** These Medical Staff Rules and Regulations shall be a part of the Medical Staff Bylaws of The Surgery Center at Lutheran, except that they may be amended or repealed in accordance with Article VIII of the Medical Staff Bylaws of The Surgery Center at Lutheran, at any regular meeting of the CRC or Medical Staff at which a quorum is present and without previous notice, or at any special meeting of the CRC or Medical Staff with notice, by a majority vote of those present and eligible to vote. Such changes shall become effective only when approved by the Board.

b. **Distribution and Control:** Each member of the Medical Staff having clinical privileges to provide medical care and services at the Center will be furnished a copy of these Rules and Regulations. All members of the Medical Staff shall become familiar with the contents of these Rules and Regulations.

c. **Definitions:** The following definitions shall apply to the terms used in these Rules and Regulations. Words used in these Rules and Regulations shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these Rules and Regulations.

1. "Allied Health Professionals" means and refers to those classes of health care professionals other than Practitioners whose skills and knowledge have been determined by the Board of Managers to be needed for the care of patients in the Center, who have been licensed or certified by their respective licensing or certifying agencies to provide such care or who, if not licensed or certified, are employed by, and provide assistance to Members of the Medical Staff and who may have been granted, on an individual basis, limited clinical privileges by the Board. Examples of Allied Health Professionals are, advanced practice nurses, medical assistants and physician assistants;

2. "Board" means the Board of Managers of The Surgery Center at Lutheran that has the overall responsibility for the conduct of the Center and shall include, when appropriate, any committee of the Board of Managers (Governing Board) designated to act on behalf of the Board of Managers (Governing Board) with respect to a particular function or duty.

3. "Clinical privileges" or "privileges" means the permission granted by the Board of Managers (Governing Board) of The Surgery Center at Lutheran, to a Practitioner (to render or perform specific diagnostic, therapeutic, medical, dental or surgical procedures within their respective scope of practice.

4. "Dentist" means both a doctor of dental surgery and doctor of dental medicine who has a current license issued by the Dental Board of the State to practice dentistry.

5. "Administrator" means the person appointed by the Board of Managers to be the Administrator of the Center.

6. "Center" means the Center facility constituting The Surgery Center at Lutheran, LLC.
7. "AAAHC" means the Accreditation Association for Ambulatory Health Care, Inc. or its successor.

8. "Medical Director" means the physician appointed by the Board of Managers to act as the chief administrative medical officer of the Center.

9. "Clinical Review Committee" or "CRC" means the Clinical Review Committee of the Medical Staff.

10. "Medical Staff" means the collective body of all Practitioners and Dentists who are appointed thereto by the Board of Managers and who may be granted privileges to treat patients at the Center.

11. "Medical Staff Bylaws" means the Bylaws of the Medical Staff of The Surgery Center at Lutheran.

12. "Member" means any Practitioner who has a current Medical Staff appointment and who may have clinical privileges granted by the Board of Managers to practice at the Center.

13. "Physician" means and refers to both doctors of medicine ("MDs") and doctors of osteopathy ("DOs") who have a current license issued by the Board of Healing Arts of the State of Colorado to practice medicine and surgery.

14. "Practitioner" means any appropriately licensed Physician (MD), Doctor of Osteopathy (DO), Dentist (DDS), or Doctor of Podiatric Medicine (DPM) inquiring about an application for Medical Staff appointment, or applying for, or exercising clinical privileges at the Center.

15. "Podiatrist" means a doctor of podiatric medicine who has a current license issued by the Board of Podiatric Medicine of the State of Colorado to practice podiatry.

16. "Qualified Oral Surgeon" means a member who has successfully completed a postgraduate program in oral surgery accredited by a nationally recognized accrediting body approved by the United States Office of Education, and who the CRC has deemed competent to conduct a complete history and physical examination within their scope of practice to determine the patient's ability to undergo the proposed oral surgical procedure.

17. "Rules and Regulations" means these Medical Staff Rules and Regulations of The Surgery Center at Lutheran, LLC.

Section 6 - Admission of Patients

a. **Non-Discrimination:** Patients shall be admitted to the Center for care and treatment without regard to race, creed, color, religion, sex, national origin, disability or source of payment.

b. **Admission to Center:** Only a Member of the Medical Staff may admit a patient. The official admitting policy of the Center shall govern all Members. All patients shall have a provisional diagnosis upon admission to the Center.

c. **Dangerous and Incapacitated Patients:** Patients shall be admitted to the Center for care and treatment except for those violent or incapacitated patients whom, in the opinion of the Medical Director and in concurrence with the Administrator, the Center is not staffed
to accommodate. The admitting Member shall be held responsible for giving such information as may be necessary to assure the protection of the patient from self-harm, and to assure the protection of others whenever his/her patients might be a source of danger in any manner whatsoever. Transfer of such patients from the Center, if necessary, shall be in accordance with state and federal law.

Section 7 – Patient Selection

a. Responsibility: Each Medical Staff member who schedules procedures is responsible for the selection of the patients.

b. Procedures that May Be Performed: Procedures shall be on the list of those approved by the CRC and Board of Managers as well as those approved during credentialing of the Medical Staff member.

c. Criteria: Patients must meet these criteria:

1. The patient must agree with the concept of short stay surgery.

2. The patient should be in stable health or have a systemic disease that is under good control.

3. The adult patient, or the pediatric patient's parents or guardian must be reliable and able to follow the orders given by the attending Medical Staff and the anesthesiologists. Patients who are mentally incapacitated for any reason must have a reliable caretaker.

4. The patient must have a responsible adult available to drive him/her home, post-operatively (except those patients who receive local infiltration anesthetics only and have been exempted by the attending physician with reflective documentation of the same in the chart).

Section 8 – Provisional Diagnosis

No patient shall be admitted for surgery to the Center until a provisional diagnosis has been stated.

Section 9 – Surgery

a. Privileges: Privileges to perform clinical procedures shall be granted to those Practitioners who furnish to the Clinical Review Committee evidence of formal training or experience that would justify the granting of such privileges.

b. Procedures/Treatment: All procedures performed and treatment rendered shall be in accordance with Center policy and applicable law and within the scope of the Member's clinical privileges.

c. Consent: A general consent form, signed by or on behalf of every patient admitted to the Center or treated as an outpatient, must be obtained at the time of admission. It is the obligation of the attending Practitioner to provide the appropriate information for the patient to give an informed consent. No patient shall be taken to surgery without a signed and duly witnessed authorization for performance of surgery. The authorization shall include the name of the attending physician, authorization for anesthetic administration, and shall inform the patient of the nature and the risks inherent in any special treatment or surgical procedure.
It shall be the responsibility of the attending Practitioner to complete the process of informed consent with the patient prior to the procedure. Verification of this consent should be included within the content of the Center’s surgical consent form that is usually signed by the patient or person legally authorized to sign on behalf of the patient. Such consent shall be necessary to allow the patient to make a reasonable choice to submit or not submit to the planned or reasonably anticipated procedure.

The pre-operative nurse and operating room nurse must ensure that informed consent procedures have been followed. If a patient fails to sign the consent form due to an oversight by the staff of the Center, the pre-operative nurse or operating room nurse will review the consent with the patient in order to obtain authorization. If the patient does not sign the consent form at this time, the attending Practitioner shall be notified. When so notified, it shall be the Practitioner’s obligation to obtain proper informed consent before the patient is taken to surgery.

d. **Ordering Procedures:** All orders for treatment shall be in writing, shall be reproduced in detail on the order sheet of the patient’s record and signed and dated by the Member.

A verbal order shall be considered to be in writing if dictated to a registered nurse, a licensed clinical professional who is functioning within their scope of practice and signed by the appropriately authorized person to whom dictated with the name of the Practitioner per his/her own name. A prescribing Practitioner shall authenticate such verbal orders within twenty-four (24) hours. Any failure to do so shall be brought to the attention of the Administrator and/or Medical Director.

All orders for drugs and medications administered to patients shall be those listed in the latest editions of the United States Pharmacopoeia, National Formulary, American Hospital Formulary Service, and AMA Drug Evaluations.

e. **Disclosure of Information:** Practitioners admitting patients for surgery shall be held responsible for giving such information about their patients as may be necessary to assure the protection of his/her patient as well as others at the Center. Patient confidentiality should remain a priority for all healthcare Practitioners in this facility.

In general, it is the responsibility of the ordering Practitioner to discuss corresponding test results with the patient. These include, but are not limited to: laboratory, pathology, imaging etc. It is also the responsibility of the attending Practitioner(s) on the day of surgery, to review all pertinent pre-operative diagnostic study results and other information associated with their patient prior to the procedure.

f. **Scheduling of Procedures:**

1. **Operating Hours:** Operating hours will be established by the Center. The Center shall be closed by a specified time each day, and no surgery shall be performed after the close of business each day. Surgeons are expected to begin surgeries at the scheduled time unless notified of a delay. Surgery will not be scheduled or performed on Center-recognized holidays, Saturdays, or Sundays.

2. **Scheduling:** The logging of scheduled procedures shall be performed in the Center’s administrative suite with a log of scheduled procedures maintained on the computer system. All surgical entries shall be made by the surgery-scheduling secretaries and not by Practitioners or their representatives. The operating Practitioner, his/her assistant or office are the only ones who may schedule or cancel surgery. However, the Medical Director or his/her designee, or attending Anesthesiologist may also cancel surgery if there is a violation of these Rules and Regulations or for justified medical reasons. Only Practitioners
with the appropriate clinical privileges at the Center may schedule, counsel, and/or perform surgery.

3. Cancellations and Delays: When there is a cancellation of a procedure, the remainder of the schedule will not be altered unless a Practitioner desires to move up the start time of the procedure and the patient is available. Delays or changes in the schedule should be reported to Practitioners to enable efficient use of facilities and time. Practitioners must maintain a means of contact with the Center scheduling secretary to allow changes in the current day's schedule. The Practitioner will be notified by one of the Center's staff in the event of a delay in the next surgeon's operative procedure.

4. Preparation of Patients: Patients shall be prepared for surgery in the preparation rooms, including changing of clothes, obtaining history and physical examinations, and completing any necessary forms. Patient preparation shall be accomplished so that patients are ready in the operating room at the scheduled time for the beginning of the surgery.

5. History and Physical Examination Reports: A current history and physical examination shall be written or transcribed and be included in the patient's medical record prior to surgery. All H&P's will be performed in accordance with CMS regulations pertaining to the ambulatory surgical setting. The history and physical examination shall be as defined in the facility's clinical policies and procedures. The attending practitioner is responsible for ensuring that an H&P was completed for a given patient prior to surgery.

History and physical examination reports shall include pertinent findings resulting from an assessment of relevant body systems and shall include a course of action planned for the patient while in the Center. If a complete history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Center, a reasonably durable, legible copy of these reports may be used in the patient's Center medical record. If a member of the Center's Medical Staff did not perform the H&P, the attending credentialed practitioner must note it.

When a history and physical examination has not been recorded prior to a scheduled operation or any potentially hazardous diagnostic procedure, the operation/procedure shall be postponed or cancelled by the nurse manager, unless the attending Practitioner states in writing that any delay would be detrimental to the patient.

In the case of outpatient surgery under local anesthetic, a history and physical examination specific to the procedure to be performed and to any co-morbid conditions identified should be recorded. This documentation should include current medications and allergies as well as baseline information for the procedure.

6. Elective Procedures: All history and physical examination reports, any diagnostic test(s) result(s) positive to the specified surgical procedure, and a preoperative diagnosis, will be recorded in the patient's medical record prior to the start of the specified elective surgical procedure.

7. Care and Treatment: A Member of the Medical Staff shall be responsible for the medical care and treatment of each patient in the Center, insure the prompt completion and accuracy of the medical records, for necessary special instructions, and for transmitting reports of the condition of the patient to a
referring Practitioner and to relatives of the patient. Whenever these responsibilities are transferred to another Member, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.

8. **Administration of Medications:** Medical Staff Members are responsible for ordering medications, including information on the name of the medication, dosage, route of administration, indication for use, patient consent, interactions and risks, time of administering, and rate of administration. All medications must be administered by or under the supervision of appropriately licensed personnel in accordance with the applicable law, regulations and Center and Medical Staff policies.

**Section 10 – Discharge**

a. **Discharge Procedures:** Patients scheduled to have general anesthesia or major conduction blocks, intravenous sedation or intravenous blocks should be accompanied at the time of discharge by a responsible adult. A patient shall be discharged only on the written order of the attending Practitioner. Should a patient leave the Center against the advice of the attending Practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record.

A physician or dentist is responsible for the medical discharge of the patient; medical discharge refers to discharging a patient following clinical recovery from surgery and anesthesia. Before discharge from this facility, each patient must be evaluated by a physician for proper anesthesia recovery. At the time of discharge, the attending staff member shall see that the record is as complete as possible.

b. **Leaving Against Medical Advice:** For patients demanding discharge against medical advice, Members shall document any discussion with the patient in the medical record and shall ask the patient to complete the appropriate release form in accordance with Center policy. Notation shall be made documenting any refusal by the patient to sign the release form.
Section 11 – Center Deaths and Autopsies

a. **Diagnosis:** In the event of the death of a Center patient, the deceased shall be diagnosed dead by a Physician Member of the Medical Staff, as required by law, within a reasonable period of time.

b. **Reportable Deaths:** Reporting of deaths to the appropriate corresponding Jefferson County Coroner (the "Coroner") and to the appropriate Medical Board shall be carried out as required by, and in conformance with, applicable law.

c. **Death Certificate:** The death certificate must be signed by a licensed Physician unless the death is a Coroner's case, in which event the death certificate may be issued only by the Coroner. When a reported case is declared "No Jurisdiction" or "Jurisdiction Terminated" by the Coroner, the attending Medical Staff Member issues the death certificate.

d. **Release of Body:** The body may not be released until an entry has been completed in the deceased's medical record by the pronouncing Medical Staff Member. In a Coroner's case, the body may not be released to other than the Coroner or to police officers, except upon the receipt of an "Order to Release Body" form issued by the Coroner. All other policies with respect to the release of dead bodies shall conform to applicable law.

e. **Notification of Imminent Death:** In order to assist the Center in complying with its organ procurement reporting obligations under applicable Medicare regulations, Medical Staff Members shall notify the nursing supervisor if and when the Member believes that any of his/her patients faces imminent death.

f. **Autopsies:** Before an autopsy can be performed, proper consent in accordance with applicable law must be obtained. In a Coroner's case, an autopsy may be performed only with the authorization of the Coroner, regardless of the consent or objection of the next of kin. Medical Staff Members shall request autopsies in accordance with applicable law and the Center's procedure for reporting deaths to the coroner. The provisional anatomic diagnoses and the complete protocol should be made a part of the medical record within the time frames of applicable state law. Any death of a person under the age of eighteen (18) shall be reported to the Coroner and to the corresponding Medical Board in accordance with state law.

Section 12 – Medical Records

a. **Confidentiality of Medical Records:** All information contained in patient records is to remain confidential at all times, with access limited to those individuals directly involved in the care of the patient. Members of the Medical Staff have a responsibility and obligation to assure the confidentiality of patient information from unauthorized disclosure. Written consent of the patient or his/her legally qualified representatives required for release of medical information to persons not otherwise authorized under these rules and regulations or bylaws to receive this information, and such medical records may be removed from the Center's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute.

b. **Content of the Medical Record:** The attending Practitioner shall be responsible for the preparation of a complete and legible medical record for each patient. Its contents shall be pertinent and current. The record shall include:

1. Identification data
2. Complain/Indications for Surgery
3. Personal/family health history
4. History of present illness
5. Physician examination
6. Special reports: consultations
7. Clinical laboratory/Radiology services/other services
8. Provisional diagnosis and medical/surgical treatment
9. Operative report
10. Pathological findings
11. Progress notes
12. Final diagnosis
13. Condition on discharge
14. Summary/Discharge note
15. Autopsy report, when applicable

c. **Operative Report**: Operative reports shall include:

1. Preoperative diagnosis
2. Description of findings at surgery
3. Technical procedures utilized
4. Description of the specimens removed
5. Postoperative diagnosis
6. Names of the primary surgeon and assistants

d. **Progress Notes**: Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. The final progress note shall contain all relevant diagnoses established at the time of dismissal.

e. **Symbols and Abbreviations**: All clinical entries, including progress notes, in the patient's medical record shall be accurately dated and authenticated. Only those symbols and abbreviations approved by the Medical Staff will be used in the medical record.

f. **Release of Medical Information**: The signed consent of the patient is required for the release of medical information to persons not otherwise authorized to receive this information.

Free access to all medical records of all patients, excluding those excepted by law, shall be afforded to members of the Medical Staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning individual patients. All such projects shall be pre-approved by the Administrator before records can be studied.

Subject to the discretion of the Administrator, former Members of the Medical Staff shall be permitted free access to information from the medical records of their patients covering all periods during which they attended such patients in the Center.

All medical records shall remain the property of the Center and shall not be taken from the Center's jurisdiction except in accordance with a court order, subpoena, or statute.

g. **Completion of Medical Records**: A medical record shall not be permanently filed until it is completed by the responsible Practitioner or is ordered filed by the CRC.

The patient's medical record shall be complete at the time of discharge, including progress notes and clinical resume. When this is not possible because final laboratory or other essential reports have not been received at the time of discharge, the patient's medical record will be available for completion for a period of 20 days after discharge. During this 20-day period every effort shall be made to attain all subsequent reports.
outstanding and to facilitate the attending Practitioner's compliance with the completion of his/her medical record responsibilities.

If the record remains incomplete after 20 days, the Center shall notify the Practitioner by fax/mail that his/her admitting, operating room, or consulting privileges shall be suspended within five (5) calendar days from the date of the notice. If the Practitioner voices any concern, the Practitioner will be advised to contact the Administrator and/or Medical Director. The Practitioner shall remain suspended until the records have been completed.

In the event of an anticipated absence by a Practitioner (e.g., vacations, meetings etc.), the Medical Records Department should be notified by phone/fax and the time limits for completing medical records shall be suspended during the absence. However, should the Practitioner be delinquent prior to his/her absence, suspension of his/her admitting privileges will be carried out.

All Allied Health Professionals shall complete their responsible clinical entries in the medical records within the specified 20-day period stated above. All standing orders and printed instruction sheets shall be reviewed annually for any changes or additions to their content.

h. Filing of Medical Records: In accordance with state, federal and other guidelines, no medical records shall be filed until it is completed and authenticated. In the event that a chart remains incomplete due to the death, resignation or disability of the responsible Medical Staff Member, the Center shall consider the circumstances and may enter such reasons in the record and order it filed. The Center may also review other extenuating circumstances and take appropriate action to ensure completion and filing of the chart.

i. Preparation: The admitting attending Practitioner shall be responsible for his/her corresponding accurate documentation of the medical record for each patient. The record shall include timely information to assure a safe environment for the patient and to meet licensing and accreditation requirements as well as other pertinent regulatory standards. Center protocols established by the CRC and approved by the Board of Managers, licensing requirements (including State and Federal) and accrediting organization criteria shall delineate record content.

j. Ownership: All medical records are the property of the Center.

k. Access:

1. Access to all medical records of all patients shall be afforded to Medical Staff members in good standing for bona fide study and research, consistent with preserving the confidentiality of the identity of the individual patients, during normal business hours.

2. In case of re-admission of a patient for another procedure, all previous records shall be reasonably available for the use of the attending Practitioner.

3. Subject to the discretion of the Medical Director, and consistent with applicable laws and regulations, former members of the Medical Staff shall be permitted free access, during regular business hours, to information from the medical records of patients treated by them.

a. A copy of records may be removed from the Center only on subpoena, court order, or authorization by statute.
Section 13 – Laboratory

With the exception of the following, all tissues removed during operations shall be sent to the Center pathologist for such examination as he/she may consider necessary to arrive at a tissue diagnosis:

- Cataract
- Orthopedic appliances and prosthetic materials of all types
- Foreign body material, including bullets
- Traumatically amputated members such as portions of fingers or toes
- Teeth and fragments of teeth. (It should be noted, however, that documentation of such extractions at surgery must be recorded in the operative report.)
- Cases in which normal non-pathologic tissue may be removed to help exposure to the case
- Skin and soft tissue removed from strictly cosmetic surgery
- Blepharoplasty specimens
- Bone and cartilage

If the operating surgeon wishes to have any of the above tissues analyzed, he or she should submit the tissues to the laboratory with a specific request. All tissue removed from Medicare patients shall be sent for pathology examination as per Medicare regulations. The pathologist’s authenticated report shall be made a part of the patient’s medical records.

Section 14 – Infection Control

The infection control policies of the Center shall be as set forth in the Center’s Bylaws or in the Center’s Infection Control Manual. Infection control policies shall reflect the recommendations and requirements of pertinent regulatory agencies, including the Center for Disease Control, the Colorado Department of Public Health and Environment, the County Health Department, OSHA, and corresponding accreditation organization.

Section 15 – Conduct within the Facility

Clean scrub attire approved by the Center, in addition to special shoes or shoe covers, must be worn in the operating suite. Caps and hoods, sufficient to cover hair, and masks must be worn in operating rooms and sub-sterile areas.

The Center is a smoke-free institution. There is no smoking allowed in the Center.

Traffic and noise shall be held to a minimum in the Center.

The Center shall make reasonable modifications in policies, practices, or procedures when they are necessary to provide goods, services, facilities, privileges, advantages, or accommodations to disabled individuals, in accordance with the applicable law. Appropriate communication assistance will be provided to patients and others using the Center who have sensory impairments, in accordance with Center policy.

Section 16 – Instruments and Equipment
Operating surgical instruments will be furnished by the Center, although individual Practitioners may furnish their own for particular specialty cases if they so desire.

All equipment will be checked periodically, cleaned, and maintained by the Center, and appropriate records maintained for each piece of equipment. All equipment provided by Individual Practitioners shall be checked and approved by the Center prior to use in surgery.

If special non-portable equipment is obtained for a special room, surgery requiring that equipment will be scheduled in that room.

Sponge and sharp counts will be taken for all surgical operations where appropriate. In case of a discrepancy in the count, immediate post-operative X-rays in the by the Center's radiology service shall be taken.

Section 17 – Post Anesthesia Care Unit (PACU)

All patients shall be taken from surgery to the PACU where they will remain until they have met the discharge criteria. The anesthesiologist or the Practitioner shall issue all discharge orders.

All patients having received a general anesthetic must be discharged in the company of a responsible adult unless otherwise approved by the Practitioner or the anesthesiologist

Section 18 – Transfer of Patients

Practitioners must have appropriate contingency arrangements in place in the event a patient needs to be transferred to an acute-care facility.

Section 19 – Follow-up Reporting and Cooperation

a. Reporting of Patient Information: Practitioners shall cooperate in reporting information to the Center of any post-operative complications or infections, as well as unexpected hospital admissions related to surgery performed at the Center.

Mandatory State Reporting: This facility will maintain compliance with appropriate reporting protocols as governed by the Colorado Department of Public Health and Environment specifically the Colorado Occurrence Reporting Program located in 6 CCR (Colorado Code of Regulations) 1011-1, Chapter II, Licensing: 3.2 Reporting.

Documentation will be provided to the Colorado Department of Public Health and Environment in accordance with section 13-64-303 C.R.S. (Colorado Revised Statutes) as it pertains to this facility being involved in Medical Malpractice.

(Refer to the corresponding facility policy & procedure entitled Reporting #2.5 for further detailed information on state mandatory reporting requirements).

b. Office Records: Practitioners shall cooperate in providing information from and/or copies of their office medical records relating to the pre- or post-operative assessment and treatment of patients treated at the Center.

Section 20 – Non-Physician Surgical Personnel

Non-physician surgical personnel may work in the Center in accordance with any policies established by the Center, the Medical Staff Bylaws, corresponding accreditation standards and applicable law.
a. **Visitors:** Visitors are not permitted in the operating room with the exception of medical equipment sales representatives who might advise operating surgeons with equipment. Other visitors shall be limited to medical personnel who may observe for educational purposes. All visitors in the operating room must have permission of the operating surgeon, the anesthesiologist, and the Administrator.

One parent or guardian shall be allowed in the PACU during second phase recovery, and the parents shall decide, with the assistance of a nurse, if necessary, which parent shall stay with the child. At least one parent or legal guardian must remain in the Center at all times that a pediatric patient is receiving treatment or surgery in the Center.

One visitor is permitted in a patient’s preparation room.

b. Any situation requiring vendors to assist in a procedure either for educational purposes or to run the equipment, will be required to apply for Allied Healthcare Personnel privileging through the normal privileging process outlined in the Medical Staff Bylaws section for Allied Health Professionals. Their scope of service will be defined by the Delineation of privileging form they submit. Additionally, they will be required to provide in their credentialing package, professional liability coverage, certification of training, or CEU’s demonstrating competency, proof of physician responsibility and sign a confidentiality statement.

**Section 21 – Clinical Review Committee Meeting Frequency**

The Clinical Review Committee shall meet no less than quarterly.

**Section 22 – Clinical Review Committee Quorum**

A Quorum shall constitute by a minimum of three (3) physicians in attendance.

**Section 23 – Violations**

*Any alleged violations of these Rules and Regulations by a Member or an individual for whom the Member is responsible shall be addressed in accordance with the Medical Staff Bylaws.*

**Section 24 – Credentialing**

a. **Limits of Professional Liability Coverage:** Rules and Regulations require all licensed independent Practitioners present evidence of the following limits of professional liability coverage to be submitted during their applications for initial and reappointment to the Center’s Medical Staff along with their completed application:

   $1,000,000 per Occurrence / $3,000,000 Aggregate

b. **Reappointment:** Rules and Regulations require that all licensed independent Practitioners complete a minimum of twenty four (24) surgical procedures on a two year period (12 procedures in each 1-year period) to qualify for the Reappointment process.

**Section 25 – Adoption or Amendment of Rules and Regulations**

a. **Required Review:** Rules and Regulations require review and comment by the CRC.

b. **Board of Managers Approval:** Rules and Regulations adoption and/or amendments shall not be effective until and unless approved by the Board of Managers.
Amended and Restated Medical Staff Rules and Regulations of The Surgery Center at Lutheran, November 2011

These Rules and Regulations were approved and ratified as follows:

[Signature]
Clinical Review Committee
Date 11.2.11

[Signature]
Board of Managers
Date 11.02.11

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