Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

☑ Community Hospital East  ☑ Community Hospital South
☑ Community Hospital North  ☑ Community Heart and Vascular Hospital

TITLE: SURGERY DEPARTMENT

ADMINISTRATION OF SURGICAL FACILITIES:
The administration of surgical facilities at Community Hospitals shall be in accordance with:

1. Medical Staff Policies and Procedures approved by the Medical Executive Council.

No one is permitted to observe surgery other than physicians, authorized hospital personnel, and the appropriate staff of the physician performing the procedure except by special permission of the participating physicians, the supervisor, and the patient. A consent form for “exceptions” must be signed by the patient.

SURGICAL PRIVILEGES:
Physicians utilizing the surgical facilities at CHE, CHN, CHS, and CHVH shall be entitled to exercise only those clinical privileges specifically granted by the governing body (see Article VIII “Clinical Privileges” of the East/North Medical Staff Bylaws and Article V, “Clinical Privileges” of the South Medical Staff Bylaws).

PRE-OPERATIVE REQUIREMENTS:

Medical History and Physical Examination: Prior to surgery or a procedure requiring anesthesia services and except in the case of an emergency, a medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration. An updated examination, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration.

Consent for Operation: A signed and witnessed informed consent for medical and surgical treatment, when required, shall be obtained before the patient receives any narcotics and before the patient is taken to the Operating Room. This requirement may be waived only in the case of a medical emergency or when the patient’s condition is such as not to permit consent.
Anesthesiology Exam: The anesthesiologist shall be responsible for ascertaining that an examination of the heart and lungs has been recorded in the chart prior to any operating procedure.

Anesthesiologist Classification: Surgical patients are to be classified as recommended by the physical status standards of the American Society of Anesthesiologists and the American Board of Anesthesiology.
1. A normal health patient for an elective operation
2. A patient with a mild systemic disease
3. A patient with a severe disease that limits activity but is not incapacitating
4. A patient with an incapacitating systemic disease that is a constant threat to life
5. A moribund patient who is not expected to survive for 24 hours with or without the operation.

Pre-operative Note: Unless circumstances prevent, the operating surgeon or a regular associate with surgical privileges must record, prior to the operation, a pre-operative note containing:

1. Pre-operative diagnosis
2. Indications for surgery
3. Contemplated procedure(s)
4. Reasons for proceeding in a poor risk case

If the operating surgeon personally recorded an adequate medical history and physical examination or an adequate admission note within 24 hours prior to the operation, a pre-operative note may be unnecessary.

Exceptions to Pre-operative note:
The following procedures require no pre-operative note if not done under spinal anesthesia, regional anesthetic by an anesthesiologist, monitored anesthesia care, conscious sedation, or general anesthesia:

- Urethroscopy
- Cystoscopy with or without urethral catheterization
- Cystography
- Urethral manipulations including calibration and urethral catheterization
- Circumcision without anesthesia
- Myringotomy
- Reduction of simple nasal fracture
- Treatment of epistaxis
- Nasal polypectomy
- Sinus lavage
- Laryngectomy
- Sialolithotomy
- Incision and drainage of abscess
- Removal of foreign body in external auditory canal
- Removal of foreign body in nostril

Laboratory Data: Prior to an operation, laboratory data necessary to exclude conditions contraindicating anesthesia or surgical procedures shall be recorded in the patient’s chart. The surgeon/anesthesiologist may, through his signature, take the responsibility for omission of part or all of such data.
INTRA-OPERATIVE REQUIREMENTS:
An adequate and qualified assistant shall be present throughout any procedure with unusual hazard to life, during prolonged or complicated cases or those with unusual risk. The responsible surgeon shall determine whether a case is included in this classification.

POST-OPERATIVE REQUIREMENTS:
Accompaniment to the Post Anesthesia Care Unit: The anesthesiologist will accompany the patient to the PACU.

Post Anesthesia Notes: Post-operative anesthesia notes are to be recorded in the chart. All abnormal findings and any difficulties encountered during the administration of the anesthetic must be recorded. The condition of the patient at the conclusion of the operation must also be written or dictated.

Surgical Chart Entries: A complete account of every operation must be dictated or written by the operating surgeon at the conclusion of an operation describing the incision, gross pathological findings, precisely what was done, the method of wound closure, drainage, the condition of the patient at the conclusion of the operation and other pertinent data.

TISSUE REMOVED:
A record of all tissues removed in surgery, and at least a gross description of those tissues, must be placed in the patient’s medical record.

All tissues removed must be examined by a pathologist unless the specimen is on the exclusion list (refer to ORSPP: S-4). If the specimen is not submitted to pathology for examination, then it is the responsibility of the surgeon to document the tissue removed in the medical record.

Ovarian tissue should be preserved in pre-menopausal patients forty years of age and under when the ovaries are normal. In cases of removal, the surgeon should document his reason on the chart for removing the ovaries.

No specimen shall be taken from the hospital without the consent of the pathologist. Documentation will be made indicating the person taking the specimen and the location to which the specimen is being referred.

CARE OF THE PATIENT IN THE POST ANESTHESIA CARE UNIT:
The control of PACU patients remains with the anesthesiologist. The anesthesiologist shall discharge post-operative general anesthesia patients from the PACU.
Reference: ORSPP: S-4
Originated: 06/84

East/North Medical Executive Council Approval: 04/16/02; reviewed w/no changes 6/21/05; 4/21/15
Board of Directors Approval: 06/03/02; 7/11/05; 5/11/15