

Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

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| <input checked="" type="checkbox"/> | Community Hospital East | <input checked="" type="checkbox"/> | Community Hospital South |
| <input checked="" type="checkbox"/> | Community Hospital North | <input checked="" type="checkbox"/> | Community Heart and Vascular Hospital |

TITLE: SURGERY DEPARTMENT

ADMINISTRATION OF SURGICAL FACILITIES:

The administration of surgical facilities at Community Health Network, Inc. shall be in accordance with:

1. Medical Staff Policies and Procedures approved by the Medical Executive Council.
2. Corporate Policies and Procedures.
3. Nursing Policies & Procedures.

Physicians, authorized hospital personnel and members of the patient's care team are permitted to observe surgery. The physician approves observation request for vendors on a case-by-case basis. Observation request for Medical Learners are approved by the Office of Graduate Medical Education and the physician or patients care team. A written consent is obtained from the patient for all observers. All HIPPA and consent policies will be followed.

SURGICAL PRIVILEGES:

Physicians utilizing the surgical facilities at CHE, CHN, CHS, CHVH shall be entitled to exercise only those clinical privileges specifically granted by the governing body (see Article IV "Granting of 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: The patient shall receive a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure-requiring anesthesia services.

For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting the review of the history and physical and any changes in the patient's condition must be completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.

The requirements for an update are as follows:

1. The patient must be re-examined documenting any necessary changes.
2. The history must be reviewed documenting any necessary changes.
3. At a minimum, the verbiage must include "The history and physical was reviewed, the patient was re-examined and any necessary changes have been documented."
4. Authentication, including signature, date and time of entry.

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.

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.

A pathologist must examine all tissues removed unless the specimen is on the exclusion list (refer to ORSPP: S-4). If the specimen is on the exclusion list and 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

Update presented and reviewed by Bylaws Committee: 11/16/05

Approved by East/North MEC: 04/16/02; 6/21/05; 4/12/15; 01/15/19

Approved w/minor change by CHS/MEC: 2/13/06; 12/09/14; 01/08/19

Approved by Board of Directors: 03/12/06; 01/21/15; 7/11/05; 5/11/15; 01/23/19