Ten Mile Surgery Center

RULES AND REGULATIONS OF THE MEDICAL STAFF OF

TEN MILE SURGERY CENTER, LLC

Section 1

Admission

1. The business hours of operations for Ten Mile Surgery Center, LLC ("Center") are 6:00am-5:00pm Monday through Friday. Twenty-three (23) hour observation will also be available. The center will be closed on weekends and Federal holidays.
2. Patients shall be admitted to the Center for treatment without regard to age, race, color, gender, national origin, religion, disability, economic status, payment source, or other bases on which discrimination is prohibited by law.
3. The center will admit patients only for those procedure, including relevant diagnostic and therapeutic procedures included on the Board of Mangers approved procedure list. The procedure list may be amended from time to time as recommended by the Medical Executive Committee and approved by the Board of Managers.
4. Patients will be admitted, treated and attended throughout their stay by credentialed members of the Medical Staff of this Center and shall remain under the care of their physician while at this Center.
5. No patients will be admitted to the Center for any surgery or procedure unless is has been determined that the physical, mental, emotional or socio-environmental characteristics of the patient make him/her an appropriate candidate for surgical treatment on an ambulatory basis.
6. Patients will be admitted in accordance with the following criteria:
    a. The patient must be recommended as an appropriate candidate for ambulatory surgery by a member of the credentialed Medical Staff.
    b. The Medical Director or attending anesthesiologist shall have discretionary authority to cancel scheduled surgical procedures from a review of any medical records examined which, in their judgement, suggest that the patient may be physically, mentally or emotionally unsuitable for ambulatory surgery, or that the patient's socio/environmental situation is such that appropriate post-surgical care requirements cannot be adequately met. The Medical Director or attending anesthesiologist will work collaboratively with the physician performing the surgery or physician ("attending physician") to determine the most appropriate treatment decision.
    c. On the scheduled day of surgery, the patient receiving general, regional or monitored anesthesia care must be examined by a physician to determine the risk of anesthesia, following review of the patient's medical records and pre-admission test results. A physician will determine whether or not to authorize preparation of the patient for surgery.
    d. Patients referred to the Center shall be supplied with necessary instructions, rules, regulations and explanations relating to ambulatory surgical procedures. Such patient information material shall be made available to the offices of the credentialed members of the Medical Staff of this Center so that they may be provided to the patients at the time of scheduling.

e. Patients scheduled for surgical procedures shall be admitted within the pre-arranged time frame in order to allow adequate time for pre-operative preparation.

7. It is the responsibility of the attending physician to obtain, prior to admission, verbal or written informed consent from the patient or the patients' personal representative with authority to make healthcare decisions for the patient for any procedure to be performed at the Center. In addition, the Center will use written informed consent form, which will be obtained upon admission on the day of surgery. Center personnel may witness the consent. This completed form shall be required prior to the administration of any preoperative medication and admission to the operating and/or procedural suite.

8. A history and physical ("H&P") examination, which contains a provisional diagnosis and current medications, shall be performed by the attending physicians within 30 days prior to the scheduled surgery and/or procedure on all patients.

    a. An H&P may be done on the day of the procedure but must be done prior to patient be taken to the operating room.

    b. If such H&P examination or medical clearance is not available at the time of surgery, the procedure will be canceled.

    c. A medical clearance may be required from the patient's private physician when such patient has a history of cardiac pathology or other underlying medical conditions which might affect the successful outcome of planned procedure.

9. This center is not the right surgical setting for the following patients:

    - Those patients with implanted cardioverted defibrillator/ICD.
    - All patients with BMI >45 will be reviewed on an individual basis by the Medical Director or attending anesthesiologist.
    - Patients with a history of MH will not be done at this Center. Patients with family history of MH will be reviewed on an individual basis by the Medical Director or attending anesthesiologist.
    - Patients with other high-risk conditions identified by the Medical Executive Committee and approved by the Board of Managers.

10. The following patients require further evaluation before they may be admitted for a surgery or procedure at the Center:
    - Anticipated difficult airways will not be performed without the permission of an anesthesiologist.
    - All patients with diagnosed or suspected OSA must have all other medical conditions medically optimized to be considered for surgery.
    - Patients with a pacemaker require interrogation within one (1) year prior to surgery.

11. The admitting practitioner shall have the responsibility for assuring that all relevant medical records are available at the Center prior to surgery. Minimally, the medical records submitted by the attending practitioner shall include a history and physical examination.

12. In regard to psychiatric patients, medical-legal responsibility will be placed upon the appropriate guardian.

Section 2 Anesthesia

1. The Medical Director is accountable to the Board of Managers which maintains oversight and ultimate responsibility for all Center operations. A temporary replacement will be appointed by the Medical Director or the Board of Managers if the Medical Directory is absent. Daily anesthesia services are under the direction of the Medical Director or their appointed temporary replacement, a Ten Mile anesthesiologist.

2. Procedures are performed under the following categories of anesthesia:
    a. General
    b. Monitored Anesthesia Care—Moderate Sedation
        - Regional
        - Local Infiltration
        - Topical

Note: Anesthesia shall not be administered until the patient has been evaluated immediately prior to the procedure by a physician or anesthetist to evaluate risk of anesthesia.

3. The administration of local and/or topical anesthesia for local infiltration cases shall be the responsibility of the attending physician.

4. 4.An anesthesia practitioner will be available at the center before the start of any procedure that requires general anesthesia services. In such cases, patient will not be taken to the operating or procedure room until the History and Physical is on the chart, the patient is marked, and the attending physician is physically present at the Center.

5. At all times when patients are receiving treatment or recovering from treatment until they are formally discharged or transferred to 23-hour observation the Center shall have at least one (1) physician member of the Medical Staff present and on duty.
   Anesthesia guidelines for pre-operative labs and diagnostic test requirements will ensure uniformity for pre-operative data of all patients while maintaining high quality care guidelines and cost efficiency. Anesthesia guidelines will be kept current as recommendations change. Any changes will be reviewed and approved by Medical Executive Committee and the Board of Managers then communicated to all members of the Medical Staff.

Section 3

Drugs

1. Drugs will be available only for use in the Center. The Center will not dispense drugs or fill out patient prescriptions.

2. Drug samples will not be stored and/or provided to the patients at the Center.

Section 4

Discharge

1. A descriptive discharge status summary is required by the attending physician and anesthesia practitioner.

2. A physician must see patients requiring 23-hour observation at least once before leaving the Center. A patient is admitted or discharged to 23-hour observation only upon the order of a physician who is responsible for their medical care. An anesthesia practitioner will be physically present in the Center until the last patient meets the discharge criteria for post-anesthesia recovery from general, regional or MAC

anesthesia. At least one physician is present or immediately available by telephone whenever patients are present.

3. Discharge from the Center is based on the patient's ability to leave safely once the discharge criteria have been met.

4. Each patient will have a discharge order signed by the physician who performed the surgery or procedure. (CMS 416.52(c) (2))

5. All patients are discharged in the company of a responsible adult who shall remain present in the Center or immediately available by phone during the patients stay. Pediatric patients must have a responsible adult present in the Center at all times during their stay.
6. At the time of discharge, the patient and the responsible individual accompanying the patient shall be provided with complete, written post-op instructions, which have been verbally reviewed by the attending physician or nursing staff. A copy of written post-op instructions shall be signed by the patient and/or responsible adult.

7. The attending physician shall be responsible for determining to his/her reasonable satisfaction that adequate resources for the provision of post-surgical care are available to the patient.

8. Should circumstances arise during the course of treatment or post-surgical recovery which in the opinion of the attending physician or the anesthesia staff indicates the need for hospitalization, immediate notification will be provided to the Administrator or Director of Nursing. At that time, procedures will promptly be implemented for the patient's transfer. The attending physician or the anesthesiologist in attendance shall simultaneously be responsible for notifying the patients' responsible adult of the need for and circumstances relating to the transfer and hospitalization. All transfers will be reported to the Quality Committee for tracking and trending. In the event of a transfer, a copy of the patient's medical record will be sent to the hospital. It is the attending physician's responsibility to call the receiving hospital and communicate directly with a physician regarding the details involving the patient's transfer.

9. Should the patient leave the Center against the advice of the attending physician or the anesthesia practitioner, the Administrator shall be promptly notified. Notation of the incident shall be made in the patient's medical record and reported to the Quality Committee.

10. In the event of the death of a patient during the surgical procedure or during the post-surgical recovery period, proper notification shall be promptly made to the corner and/or other appropriate authorities by the Administrator consistent with the requirements of applicable law. The attending physician shall be responsible for notification of the patient's family of the circumstances resulting in death. All such events will be reported to the Quality Committee, Medical Executive Committee, the Board of Managers, and to the Idaho Department of Health and Welfare. Any patient death is considered a sentinel event and root-cause analysis will be completed and reported to the appropriate quality and medical leadership committees and the Board of Managers.

Section 5

Medical Records

1. The attending physician will be responsible for the preparation of complete medical record for each patient.

2. The patient's medical record must contain a history and physical, written informed consent, an operative summary with complete description of the operative procedure, any complications, an attestation regarding appropriateness of the procedure and the attending physician's signature. The prognosis and infection classification, when appropriate, should be included.

3. All orders for treatment shall be in writing. An error shall be considered to be in writing if dictated to a Registered Nurse through a verbal order read-back (VORB) and signed by the ordering physician within 48 hours.

4. The attending physician will ensure that each patient record is complete and signed within 30 days from the date of surgery and/or procedure.

5. Medical records remaining incomplete beyond the 30 days following the patient's discharge will be considered delinquent.

6. Physicians, anesthesia practitioners or podiatrists with delinquent medical records may be notified by electronic mail, hand-delivered correspondence, registered letter, return receipt requested, within 15 days of impending suspension. Unless charts are completed within 30 days after receipt of this letter, surgical privileges may be suspended until records are completed.

7. All procedures performed should be fully described by the attending physician.

8. All tissue specimens, with the exception of those identified on the exempted list of unless otherwise indicated by the attending physician, shall be sent to the laboratory for pathological examination and diagnosis.

9. The pathologist shall complete a written pathology report, which shall be signed and becomes part of the permanent medical record. Reports are to be in the medical record within 7 days following the procedure. A copy of the report shall be forwarded to the attending physician. The Center's copy of each pathology report must be initialed and/or signed by the attending physician to ensure that the results were noted.

10. All medical records shall remain the property of the Center.

11. In the case of re-admission of a patient, all previous records shall be made available for the use of the attending physician. This shall apply whether or not he/she is attended by the same physician or another.

12. Free access to medical records of all patients under their care shall be afforded to credentialed members for the Medical Staff who are in good standing.

13. Only Centers approved abbreviations may be used in the medical record.

14. Errors in medical records shall be promptly corrected consistent with Center policies and sound professional practices.

15. A complete and legible medical record shall be prepared for each patient. The content shall be pertinent and current. The medical records of all patients receiving general anesthesia, monitored anesthesia care, or regional blocks shall include but not be limited to completion of the fields developed by the Center in its EMR. If the patient has been transferred from the Center to another health care facility, a transferred form shall be completed. A copy of the transfer form along with a copy of the patient's medical record will accompany the patient to the receiving facility.

ADMISSION POLICIES

Section 6

Recovery Room

1. The Recovery Room will be under the direction of the Medical Director or the anesthesiologist in attendance.

2. The Center will offer accommodations for 23-hour observation once the patient has been discharged from post-anesthesia recovery. Any patients requiring care beyond 23 hours and 59 minutes will be transferred to a hospital or extended care facility by the admitting physician.

Section 7

Scheduling

1. All treatment provided at the Center shall be on an elective and scheduled basis. Patient criteria for scheduling is as follows:

    a. Patients who are candidates for ambulatory surgery must meet the following criteria:

        - Patients must fall into the ASA (American Society of Anesthesiologists) categories of ASA/Class I, ASA/Class II or stable ASA/Class III.
        - The patient and/or legally responsible person signing the consent for surgery must agree with the principals and requirements of ambulatory surgery and anesthesia and must exhibit the ability to use judgment and follow instructions.
        - The patient's physical and emotional environment must be conducive to a successful outcome.

    b. Criteria for scheduling procedures:

        - Procedures for scheduling in the Center have been approved by the Board of Managers.
            - Scheduling of procedures will be made through the surgery scheduler at the Center between the hours of 8:30 a.m. and 5 p.m. Monday through Friday, except recognized Center holidays.
            - Scheduling can also be performed by the attending physician's office via EMR which can then be confirmed by the Center's scheduler.
        - The scheduling method will be first called, first booked, except those physicians scheduled through block time. (see block time policy)
        - The Medical Executive Committee will maintain responsibility for allocation and maintenance of block time.

Case Cancellation

1. Cancellation of scheduled procedures should occur no later than 24 hours prior to the procedure if possible.
2. A significant delay of procedure starting time may result in the procedure being canceled or rescheduled.
3. Information pertaining to the cancellations and delays will be tracked/trended as part of the Quality Improvement Program.

Schedule Implementation

1. Alterations of the published operating room schedule will be made at the discretion of the Director of Nursing in collaboration with the Medical Director.
2. The patient will be brough into the designated operating and/or procedure room by the anesthesia practitioner and circulating RN when the attending physician is physically present in the Center.

3. The OR will not be held for the attending physician longer that 15 minutes after scheduled start time unless specified otherwise by the Director of Nursing, who has been previously notified and who has determined such hold will not delay the scheduled caseload. The surgery may be rescheduled for the same day, if possible.

4. The Director of Nursing, in collaboration with the Medical Director and/ or designee may move cases from room to room in order to facilitate the schedule and the caseload. Every effort will be made to start the procedure at the scheduled time.

Section 8

Medical Staff Appointment and Privileges

1. Patients may be treated only by physicians, podiatrist, oral surgeons and other physicians or practitioners who have been granted Medical Staff membership and/or clinical privileges by the Board of Managers. Physician desiring to expand their privileges to include new or newly learned procedures must do so in writing. This request shall be addressed to the Administrator and shall be accompanied by proof that the applicant has completed the required training and proctorship. This information will be forwarded to the Medical Executive Committee for review with a final approval granted by the Board of Mangers as applicable.

2. In order to provide adequate medical records for peer review and quality assurance, each Medical Staff Member is required to perform a minimum of 30 procedures at the Center during each 12-month period.

Board Approval _____Date: 2/19/2025

Approved by vote of the Members _____Date: 2/19/2025