

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-101 ASC RULES AND REGULATIONS	POLICY #: 1218
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 07/31/2015	

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

RULES AND REGULATIONS

ARTICLE I. MEMBERSHIP

1.1 Inclusive Specialties

High Desert Health System (HDHS) Ambulatory Surgical Center (ASC) includes the specialties of Anesthesiology, Gastroenterology, General Surgery, Gynecology, Orthopedics, Otolaryngology, Podiatry and Urology.

1.2 Qualifications for Membership

Any member listing himself/herself as a specialist as outlined within this paragraph must have completed the minimum requirements of formal training for certification by the relevant Specialty Board, including a residency program accredited by the American College of Graduate Medical Education, and hold a certificate from his/her respective specialty qualifying board as recognized by the American Board of Medical Specialties or the American Board of Podiatric Surgery, be an active candidate for examination by the Board, or Board equivalent, as recognized by and demonstrated to the Ambulatory Surgical Center (ASC) Medical Advisory Credentialing Committee, or well established and competent (as evidenced by performance review and/or peer references, especially if the provider is a new applicant,) for over ten years.

For purposes of organization, podiatrists shall be included in the Surgical Service.

1.3 Privileges

Requests for anesthesia, surgical or podiatry privileges shall be reviewed by the ASC Medical Advisory Credentialing Committee. The determination of granted privileges shall be based upon the applicant's documented training, experience,

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and demonstrated ability. The practitioner's privileges shall be reviewed every two years, or earlier if necessary, for approval or revision. Individual Delineation of Privilege forms will be kept on file in the ASC and a copy will be maintained in the HDHS Medical Administration Office. In the event of a question regarding a procedure scheduled by a particular practitioner, the matter in doubt must be resolved by the ASC Medical Director or designee, before the case can be scheduled, and/or performed.

A. Co-Surgeons

Co-surgeons of different specialties may work together, when indicated, if the nature of the surgical procedure requires the expertise of more than one specialty.

ARTICLE II. ORGANIZATION

2.1 Medical Director of the Ambulatory Surgical Center

The Ambulatory Surgical Center shall have a Director who meets the qualifications for membership, described in Article I, section 1.2. The Director shall be appointed by the Director of DHS upon the recommendation of HDHS Chief Executive Officer in accordance.

2.2 ASC Medical Director's Responsibilities

The Medical Director shall be responsible to:

- a. be accountable to the Governing Body/Chief Executive Officer for all professional, clinically related and administrative activities within the ASC;
- b. chair the Medical Advisory Committee (MAC), giving guidance on the overall medical policies of the ASC and making specific recommendations to assure quality patient care;
- c. conduct ongoing review and continuing surveillance of the professional performance of practitioners with clinical privileges in the ASC and report regularly thereon to the Governing Body.
- d. be responsible for the development, review, revision and implementation of Policy & Procedures and Rules and Regulations within the ASC;
- e. be responsible for implementation within the ASC of actions approved by the MAC;

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- f. transmit recommendations concerning the credentialing, membership classification, the recredentialing, and the delineation of clinical privileges for all practitioners within the ASC to the Governing Body;
- g. be responsible for assuring the orientation for all practitioners in the ASC;
- h. assist in the preparation of reports pertaining to the ASC as may be required by the Medical Advisory Committee or the Governing Body;
- i. provide recommendations for a sufficient number of qualified and competent persons to provide care/services within the ASC;
- j. review and provide recommendations regarding the feasibility of performing new procedures at the ASC;
- k. recommend the criteria for clinical privileges in the ASC;
- l. determine the qualifications and competence of service personnel (such as certified registered nurse anesthetists) who are not considered licensed independent practitioners at the ASC and who provide patient care services;
- m. in conjunction with the HDHS Director of Quality Improvement and consistent with the Quality Improvement Plan, be responsible for the continuous assessment and improvement of the quality of care and services provided and the maintenance of quality control programs, as appropriate;
- n. provide recommendations for space, equipment and other resources needed by the ASC;
- o. monitor and evaluate services of professional staffing contracts;
- p. report to the Administrator of HDHS.

ARTICLE III. MEDICAL RECORDS

The medical records of patients cared for by physicians and podiatrists in the Ambulatory Surgical Center shall be completed in accordance with the ASC Policy & Procedures.

ARTICLE IV. PROVISIONAL STATUS

Provisional members shall be all newly-appointed physicians of the ASC, who must serve at this level for a period of no fewer than six months.

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ARTICLE V. PROCTORING PROTOCOL

Proctoring shall be done in accordance with the Policy and Procedure “Proctoring of New Providers.”

ARTICLE VI. CONSULTATIONS

Consultation is an advice given by a consulting physician, on specific request of another physician or privileged provider, regarding the evaluation or management of a specific patient.

Consultations will be requested as judgment dictates or on the request of the Medical Director.

ARTICLE VII. M.D. ASSISTANTS IN SURGERY

The determination as to whether or not a physician is required to assist at surgery shall be at the discretion of the operating surgeon.

ARTICLE VIII. PATHOLOGY REPORTS

Copies of pathology reports shall be placed in the patient's medical record prior to surgery, if pertinent.

ARTICLE IX. SURGICAL RECORD REQUIREMENTS

Please refer to the ASC Medical Record Policy and Procedures.

Approved: ASC Credentialing Committee on 03/23/09, 6/19/13

Approved: ASC Medical Advisory Committee on 03/25/09, 09/11/13

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