HARRISHEALTH SYSTEM

AMBULATORY SURGICAL CENTER (ASC) AT LBJ GOVERNING BODY

Thursday, November 16, 2023
9:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: **http://harrishealthtx.swagit.com/live**

Notice: Members of the Governing Body may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

I.	**Call to Order and Record of Attendance**	**Ms. Jennifer Tijerina**	**1 min**
II.	**Approval of the Minutes of Previous Meeting** • ASC at LBJ Governing Body Meeting – August 17, 2023	**Ms. Jennifer Tijerina**	**1 min**
III.	**Executive Session**	**Ms. Jennifer Tijerina**	**30 min**
	A. Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Governing Body Upon Return to Open Session ***– Dr. Scott Perry***		*(10 min)*
	B. Report by the Vice President, Compliance Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session ***– Mr. Anthony Williams***		*(10 min)*
	C. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including ASC at LBJ Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session ***– Dr. Matasha Russell, Dr. Scott Perry and Mr. Matthew Reeder***		*(10 min)*

IV.	**Reconvene**	**Ms. Jennifer Tijerina**	**2 min**
V.	**General Action Item(s)**	**Ms. Jennifer Tijerina**	**15 min**
	A. General Action Item(s) Related to Quality: Ambulatory Surgical Center at LBJ Governing Body Medical Staff		*(5 min)*
	1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff **– *Dr. Scott Perry***		
	B. General Action Item(s) Related to Policy and Procedures		*(5 min)*
	1. Consideration of Approval of New and/or Amended Policies and Procedures for the Ambulatory Surgical Center at LBJ Governing Body **– *Dr. Scott Perry and Mr. Matthew Reeder***		
	i. Policy ASC-P-5005		
	C. Miscellaneous General Action Item(s)		*(5 min)*
	1. Consideration of Approval of Appointment/Re-Appointment of Key Positions to the Ambulatory Surgical Center at LBJ Governing Body **– *Mr. Matthew Reeder***		
	i. Medical Staff Privileges Officer – Celesta Chelf		
VI.	**Ambulatory Surgical Center at LBJ Governing Body Medical Director and Administrator Reports**	**Ms. Jennifer Tijerina**	**10 min**
	A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Ambulatory Surgical Center at LBJ, Including Questions and Answers **– *Dr. Scott Perry and Mr. Matthew Reeder***		
	• People – Provider Staff Credentials		
VII.	**Adjournment**	**Ms. Jennifer Tijerina**	**1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM
AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY MEETING
August 17, 2023
9:00 AM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	The meeting was called to order at 9:08a.m. by Ewan D. Johnson, MD, PhD, Chair. It was noted that a quorum present and the attendance was recorded. Dr. Johnson stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of the Previous Meeting	Approval of the Minutes of Previous Meeting: • ASC at LBJ Governing Body Meeting – May 18, 2023	**Motion No. 23.08 - 09** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve the minutes of the previous meeting. Motion carried.**
III. Executive Session	At 9:09 a.m., Dr. Johnson stated that the ASC Governing Body would enter into Executive Session for Items "A through C" as permitted by law under Texas Health & Safety Code Ann. §161.032 and Texas Occupations Code Ann. §160.007.	
	A. Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Hospital, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Hospital Upon Return to Open Session.	**No Action Taken.**
	B. Report by the Vice President, Compliance Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session	**No Action Taken.**

	C. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session	**No Action Taken.**
IV. Reconvene	At 9:41 a.m., Dr. Johnson reconvened the meeting and stated that no action was taken in Executive Session.	
V. General Action Item(s)	**A.** General Action Item(s) Related to Quality: Ambulatory Surgical Center at LBJ Hospital Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Hospital Medical Staff Dr. Scott Perry, Medical Director, ASC, presented the credentialing changes for members of the Harris Health System Ambulatory Surgical Center at LBJ Hospital Medical Staff. For August 2023, there were two (2) initial appointments and seven (7) reappointments. A copy of the credentialing report is available in the permanent record.	**Motion No. 23.08 - 10** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.A.1. Motion carried.**
	2. Agenda Item Taken Out of Order Approval of the Quality Assessment and Performance Improvement Plan for the Ambulatory Surgical Center at LBJ i. Quality Improvement Program ii. Infection Control Program Mr. Matthew Reeder, R.N., Administrator, ASC at LBJ, stated that there were no revisions to the Quality Improvement Program. For the Infection Control Program, Mr. Reeder noted a change to the policy related to the number of hand hygiene observations from 45 to 100 per month for the ASC. Copies of the policies are available in the permanent record.	**Motion No. 23.08 - 13** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.A.2. Motion carried.**

	B. General Action Item(s) Related to Policy and Procedures	
	1. Approval of New and/or Amended Policies and Procedures for the Ambulatory Surgical Center at LBJ i. Policy ASC-P-1001 ii. Policy ASC-P-6015 and 6016 Mr. Matthew Reeder, R.N., Administrator, ASC at LBJ, presented the new and/or amended policies for the Ambulatory Surgical Center at LBJ. Mr. Reeder stated that the following examples in parenthesis were removed from Appendix A of Policy ASC-P-1001: • All intra-abdominal procedures *(open or laparoscopic)* • All intra pelvic procedures *(open and laparoscopic)* Copies of the policies are available in the permanent record.	**Motion No. 23.08 - 11** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.B.1. (i). Motion carried.**
	Mr. Reeder stated that Policy ASC-P-6015 and 6016 are related to disaster preparedness or reaction to a disaster. He noted that revisions were made to each of the policies to reflect the same protocol and procedures within each. Copies of the policies are available in the permanent record.	**Motion No. 23.08 - 12** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.B.1. (ii). Motion carried.**
	2. Approval of Medical Staff Bylaws for the Ambulatory Surgical Center at LBJ Dr. Scott Perry presented the Medical Staff Bylaws for Ambulatory Surgical Center at LBJ. He noted a change to Bylaws to the lower the minimum case requirement performed for the ASC's smaller services. A copy of the Medical Staff Bylaws is available in the permanent record.	**Motion No. 23.08 - 14** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.B.2. Motion carried.**
	3. Approval of Revisions to Governing Body Bylaws of the Ambulatory Surgical Center at LBJ Mr. Reeder presented the revisions to Governing Body Bylaws of the Ambulatory Surgical Center at LBJ. He stated that previously the ASC reported to the Board of Trustees on a quarterly basis, however, the Bylaws has been revised to reflect biannual reporting. He noted that the Bylaws were reviewed on an annual basis, but has been revised to reflect a biannual review. Mr. Reeder stated that there were small incremental changes as such to match practice. A copy of the revised Governing Body Bylaws is available in the permanent record.	**Motion No. 23.08 - 15** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.B.3. Motion carried.**

	4. Discussion and Appropriate Action to Elect Officers of the ASC Governing Body in Accordance with Article V, Section 2 of Governing Body Bylaws of the Ambulatory Surgical Center (ASC) at LBJ • Vice Chair Dr. Johnson announced the appointment of Ms. Jennifer Tijerina as the new Vice Chair of the ASC at LBJ Governing Body.	**<u>Motion No. 23.08 - 16</u>** **Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.B.4. Motion carried.**
VI. ASC at LBJ Medical Director and Administrator Reports	**A.** Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the ASC at LBJ Including Questions and Answers Mr. Reeder provided an update on the Ask My Nurse Hotline. He stated that the Ask My Nurse survey has helped to provide data analytics related to EPIC OpTime and the ASC patient population. He touched upon staffing shortages and the capacity to have its five (5) operating rooms functioning for five (5) days a week. Copies of the MEC report are available in the permanent record.	**As reported.**
VII. Adjournment	Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business to come before the Governing Body, the meeting adjourned at 9:51 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System ASC at LBJ Governing Body Meeting held on August 17, 2023.

Respectfully Submitted,

Jennifer Tijerina, MS, Acting Chair

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, August 17, 2023
ASC at LBJ Governing Body Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

ASC at LBJ GB BOARD MEMBERS PRESENT	ASC at LBJ GB BOARD MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Ewan D. Johnson *(Chair)*		
Ms. Alicia Reyes		
Ms. Jennifer Tijerina		
Dr. Glorimar Medina-Rivera		
Dr. Scott Perry, Medical Director, ASC		
Mr. Matthew Reeder, Administrator, ASC		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Dr. Esmaeil Porsa, Harris Health System President & Chief Executive Officer	Ebon Swofford *(Harris County Attorney's Office)*
Anthony Williams	Elizabeth Winn *(Harris County Attorney's Office)*
Antoinette "Toni" Cotton	Jeff Baffour
Celesta Chelf	Jennifer Zarate
Cherry Pierson	Jerry Summers
Daniel Smith	John Matcek
Derek Curtis	Matthew Schlueter
Dr. Jennifer Small	Patricia Darnauer
Dr. Matasha Russell	Patrick Casey
Dr. Markan Sandeep	Randy Manarang
Dr. Steven Brass	Shawn DeCosta
Dr. Tien Ko	

BOARD OF TRUSTEES

HARRISHEALTH SYSTEM

Ambulatory Surgical Center at LBJ Governing Body

Thursday, November 16, 2023

Executive Session

Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Governing Body Upon Return to Open Session.

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BOARD OF TRUSTEES

HARRISHEALTH SYSTEM

Ambulatory Surgical Center at LBJ Governing Body

Thursday, November 16, 2023

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including ASC at LBJ Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session.

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BOARD OF TRUSTEES

HARRISHEALTH SYSTEM

Ambulatory Surgical Center at LBJ Governing Body

Thursday, November 16, 2023

Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff

ASC Governing Body

November 2023 Medical Staff Credentials Report

HARRISHEALTH SYSTEM

Medical Staff Initial Appointments: 4

Medical Staff Reappointments: 9

BOARD OF TRUSTEES

HARRISHEALTH SYSTEM

Ambulatory Surgical Center at LBJ Governing Body

Thursday, November 16, 2023

Consideration of Approval of New and/or Amended Policies and Procedures for the Ambulatory Surgical Center at LBJ Governing Body

TITLE: **CONSENT FOR MEDICAL TREATMENT AND IDENTIFICATION OF A SURROGATE DECISION-MAKER**

PURPOSE: To provide guidelines for obtaining and documenting consent for non-emergency medical care and treatment and surgical and diagnostic procedures, including the identification of a surrogate decision-maker.

POLICY STATEMENT:

The Ambulatory Surgical Center (ASC) at LBJ ~~Harris Health System (Harris Health)~~ recognizes that all patients have the right to be informed of risks, benefits, alternatives, and consequences prior to obtaining their consent for all medical care including evaluation, diagnosis, treatment, and/or procedures (surgery). ~~The Ambulatory Surgical Center (ASC) at LBJ recognizes the right of patients to be informed of all medical care and treatment and surgical and diagnostic procedures before giving consent,~~ unless emergency medical care is being rendered and there is not time to obtain consent. This policy provides guidance on obtaining consent for adult and minor patients, identifying surrogate decision-makers for adult patients, and initiating guardianship proceedings.

This policy outlines consent for medical treatment and identification of a surrogate decision-maker to consent to treatment. Refer to ASC-P-4001 Advance Directives for guidance regarding withholding medical treatment.

POLICY ELABORATIONS:

I. DEFINITIONS:

A. **ADULT:** A person eighteen (18) years of age or older or a person under eighteen (18) years of age who has had the disabilities of minority removed.

B. **ADVANCE DIRECTIVE:** An appropriately witnessed document or statement that expresses a patient's wishes with regard to care when he or she is no longer able to communicate with care providers. The Texas Advance Directives Act recognizes the following three distinct types of Advance Directives:

1. **MEDICAL POWER OF ATTORNEY:** A document that designates an adult as an agent to make health care decisions for a patient in the event the patient is physically or mentally unable to communicate. In general, subject

to limitations contained in the document and the statute, the agent is authorized to make any health care decision on the patient's behalf that the patient could have made, if competent. An agent under a Medical Power of Attorney may not consent to:

a. Voluntary inpatient mental health services;
b. Convulsive treatment;
c. Psychosurgery;
d. Abortion; or
e. Neglect of the patient through omission of care primarily intended to provide for the comfort of the patient.

2. **DIRECTIVE TO PHYSICIANS (DIRECTIVE):** An instruction to administer, withhold, or withdraw life-sustaining treatment in the event of a terminal or irreversible condition.

3. **OUT-OF-HOSPITAL DO NOT RESUSCITATE (DNR) ORDER:** A document in the form specified by the State, prepared, and signed by the attending physician of a patient that documents the instructions of the patient or the patient's legally authorized representative and directs health care professionals acting in an out-of-hospital setting not to initiate or continue the following life-sustaining treatment:

a. Cardiopulmonary resuscitation;
b. Advanced airway management;
c. Artificial ventilation;
d. Defibrillation;
e. Transcutaneous cardiac pacing; and
f. Other life-sustaining treatment specified by the State.

This does not include authorization to withhold medical interventions or therapies considered necessary to provide comfort care, to alleviate pain, or to provide water or nutrition.

C. **ADVANCED PRACTICE PROFESSIONAL (APP):** An individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following

categories: Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM), Clinical Psychologist, Registered Dietician, and Clinical Pharmacist.

D. **ATTENDING PHYSICIAN:** The physician with primary responsibility for a patient's treatment and care and who is a member of the ASC at LBJ's Medical Staff holding a faculty appointment at The University of Texas Health Science Center at Houston and/or Baylor College of Medicine and approved by the credentialing mechanisms of the ASC at LBJ. Medical School faculty appointment status is not required for Medical Staff members employed by Harris Health or Contract Practitioners. This definition applies to this policy only and incorporates the definition of "Attending Staff" from the ASC at LBJ's Medical Staff Bylaws. See the Medical Staff Bylaws for the definition of Contract Practitioners.

E. **DECISION-MAKING CAPACITY:** The ability to understand and appreciate the nature and consequences of a decision regarding medical treatment and the ability to reach an informed decision in the matter.

F. **EMERGENCY MEDICAL CARE:** Bona fide emergency services provided after the sudden onset of a medical or traumatic condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

a. Placing the patient's health in serious jeopardy;
b. Serious impairment to bodily functions; or
c. Serious dysfunction of any bodily organ or part.

G. **INCAPACITATED OR INCOMPETENT:** Lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to any proposed treatment decision.

H. **INFORMED CONSENT:** Written or verbal permission given by a patient or patient's legally authorized representative to perform a medical treatment or surgical procedure after the patient has been advised of the risks or hazards that

could influence a reasonable person in deciding whether or not to give permission.

I. **LEGALLY AUTHORIZED REPRESENTATIVE (LAR):** An individual with legal standing to represent the interests of another (e.g., parent or spouse) or with the authority to act on behalf of another (e.g., by power of attorney, court order, advance directive, or the executor of a will). For purposes of this policy, this definition includes a Surrogate Decision-Maker.

J. **MEDICAL TREATMENT:** A health care treatment, service, or procedure designed to maintain or treat a patient's physical or mental condition, as well as preventative care.

K. **MINOR OR CHILD:** A person under eighteen (18) years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes.

L. **PRACTITIONER:** Unless otherwise expressly limited, any physician, podiatrist, or dentist holding a current license to practice in the State of Texas.

M. **SURROGATE DECISION-MAKER:** An individual with decision-making capacity who is identified as the person who has authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment.

II. CONSENT FOR ADULT PATIENTS:

A. Emergency Medical Care:

1. Consent for Emergency Medical Care of a patient is not required if:

a. The patient is unconscious or unable to communicate because of an injury, accident, or illness and in medical judgment, there appears to be a life-threatening injury or illness and it is impossible to obtain immediate consent from either the patient or a Surrogate Decision-Maker;

b. A court of record orders the treatment of a patient who is in an imminent emergency to prevent the patient's seriously bodily injury or loss of life; or

c. The patient is a minor who is suffering from what reasonably appears to be a life-threatening injury or illness and whose parents managing conservator, or guardian is not present.

2. If the Attending Physician or another Practitioner, which may include Residents, Fellows, or an APP fails to obtain Informed Consent because he or she deems the situation an emergency, he or she shall document in the patient's medical record the reason(s) the situation constitutes an emergency.

B. Non-Emergency Medical Care:

1. An Adult patient may consent to his or her own Medical Treatment unless:

a. The patient has specifically designated another person to make medical decisions on behalf of the patient pursuant to a properly executed, current, and valid Medical Power of Attorney (See the ASC at LBJ's Advance Directives policy ASC-P-4001);

b. The patient has a court-appointed guardian; or

c. The patient is comatose, incapacitated, or otherwise mentally incompetent or physically incapable of communication.

2. Surrogate Decision-Makers: ~~*review HHS policy, paragraph related to admitted patients~~

~~(For Adult patients who have no Medical Power of Attorney and no Court-Appointed Guardian.)~~

a. Documentation of Patient's Comatose State, Incapacity, or Inability to Communicate:

~~If an Adult patient is comatose, Incapacitated, or otherwise mentally or physically incapable of communication, an Adult surrogate from the following list, in order of priority, who has Decision-Making~~

~~Capacity, is available after a reasonably diligent inquiry, and is willing to consent to Medical Treatment on behalf of the patient may consent to Medical Treatment on behalf of the patient:~~

i. The Attending Physician shall document the patient's comatose state, incapacity, or other mental or physical inability to communicate and the proposed Medical Treatment in the patient's medical record.
ii. If the primary cause of the patient's incapacity is a physical condition (e.g., head injury, stroke, etc.), the Attending Physician must document such findings.
iii. If the primary cause of the patient's incapacity is unknown or believed to be psychiatric (e.g., psychosis, dementia, etc.), the Attending Physician may request and obtain a consultation by another specialty such as a psychiatric evaluation. The clinical diagnosis and results of the specialty evaluation shall be documented in the patient's medical record.

~~The patient's spouse;~~
~~. An adult child of the patient who has the waiver and consent of all other qualified adult children of the patient to act as the sole decision-maker;~~
~~. A majority of the patient's reasonably available adult children;~~
~~. The patient's parents; or~~
~~. The individual clearly identified to act for the patient by the patient before the patient became incapacitated, the patient's nearest living relative, or a member of the clergy. For purposes of this policy, clergy shall mean an individual employed by Harris Health in such capacity or the patient's own clergy.~~

~~*NOTE: Any Medical Treatment consented to by a surrogate listed above must be based on knowledge of what the patient would desire, if known.~~

~~*NOTE: Members of the clergy employed by Harris Health~~

~~may consent to Medical Treatment on behalf of a Harris Health patient **ONLY IF:**~~

~~) No other Surrogate Decision-Maker from the list above is available after all attempts to locate and contact such Surrogate Decision-Makers have been exhausted; or~~

~~) The clergy member believes, based on departmental guidelines, that consenting to the proposed treatment or procedure is in the best interest of the patient.~~

i. The Attending Physician shall document the patient's comatose state, incapacity, or other mental or physical inability to communicate and the proposed Medical Treatment in the patient's medical record.

ii. If the primary cause of the patient's incapacity is a physical condition (e.g., head injury, stroke, etc.), the Attending Physician must document such findings.

iii. If the primary cause of the patient's incapacity is unknown or believed to be psychiatric (e.g., psychosis, dementia, etc.), the Attending Physician may request and obtain a consultation by another specialty such as a psychiatric evaluation. The clinical diagnosis and results of the specialty evaluation shall be documented in the patient's medical record.

b. For Adult patients who have no Medical Power of Attorney and no court-appointment guardian **who is reasonably available after a reasonably diligent inquiry**:

If an Adult patient is comatose, Incapacitated, or otherwise mentally or physically incapable of communication, an Adult surrogate from the following list, **in order of priority**, who has Decision-Making Capacity, is **reasonably available after a reasonably diligent inquiry**, and is willing to consent to Medical Treatment on behalf of the patient may consent to Medical Treatment on behalf of the patient:

i. The patient's spouse;
ii. The patient's adult child(ren);
iii. The patient's parent(s); or
iv. The patient's nearest living relative.

c. Two Attending Physician Consent: If an adult patient does not have an MPOA Agent, guardian, or Surrogate Decision-Maker listed above, or if none of those individuals are reasonably available after a reasonably diligent inquiry, another Attending Physician who is not involved in the Medical Treatment of the patient at the time of consent may concur with the treatment.

d. Any Medical Treatment consented to by an individual identified above in Subsection (b) or (c) must be based on knowledge of what the patient would desire, if known.

e. A Surrogate Decision-Maker or Two Attending Physicians may NOT consent to[1]:

i. Voluntary inpatient mental health services;
ii. Electro-convulsive treatment;
iii. The appointment of another Surrogate Decision-Maker.

f. If the patient is an adult inmate of a county or municipal jail, a Surrogate Decision-Maker or Two Attending Physicians also may NOT consent to:
i. Psychotropic medication;
ii. Involuntary inpatient mental health services; or
iii. Psychiatric services calculated to restore competency to stand trial.

i.

~~A Surrogate Decision-Maker may NOT consent to:~~

~~i. Voluntary inpatient mental health services;~~

[1] For information regarding consent to withhold or withdraw life-sustaining treatment, see Harris Health Policy 7.07, Advance Directives, Inpatient Do-Not-Resuscitate Orders and End-of-Life Care Decisions

~~Electro-convulsive treatment;~~

~~i. The appointment of another Surrogate Decision-Maker; or~~

~~ii. Withholding or withdrawing life-sustaining treatment.~~

~~d. If the patient is an adult inmate of a county or municipal jail, a Surrogate Decision-Maker also may NOT consent to:~~

~~. Psychotropic medication;~~

~~. Involuntary inpatient mental health services; or~~

~~. Psychiatric services calculated to restore competency to stand trial.~~

b. Exceptions:

Section II.B does not apply to:

i. A decision to withhold or withdraw life-sustaining treatment from qualified terminal or irreversible patients;
ii. A health care decision made under a Medical Power of Attorney executed by the Adult patient;
iii. Consent to Medical Treatment of minors;
iv. Consent for emergency care;
v. Hospital patient transfers; or
vi. An Adult patient's legal guardian who has the authority to make a decision regarding the patient's Medical Treatment.

c. The healthcare team must make a reasonably diligent effort to contact the persons eligible to serve as Surrogate Decision-Makers in the order of priority:

i. Nursing, and clinical case management shall assist the Attending Physician in contacting eligible Surrogate Decision-Makers; and
ii. Efforts to contact eligible Surrogate Decision-Makers shall be documented in detail in the patient's medical record.

d. A Surrogate Decision Maker's consent to Medical Treatment that is not made in person shall be recorded on the patient's consent form and shall include the Surrogate Decision Maker's ~~/LAR's~~ printed name his/her relationship to the patient, and the date and time that the consent was given. There should not be both a Surrogate Decision Maker ~~/LAR~~ signature and a patient signature.

~~C. Documentation of Patient's Comatose State, Incapacity, or Inability to Communicate:~~

~~1. The Attending Physician shall document the patient's comatose state, incapacity, or other mental or physical inability to communicate and the proposed Medical Treatment in the patient's medical record.~~
~~2. If the primary cause of the patient's incapacity is a physical condition (e.g., head injury, stroke, etc.), the Attending Physician must document such findings.~~

III. CONSENT FOR MINOR PATIENTS:

A. Emergency Medical Care:

1. Consent is not required for a Minor suffering from what reasonably appears to be a life-threatening injury or illness whose parent, managing or possessory conservator, or guardian is NOT present or whose parents are available and refuse consent;
2. If the Attending Physician or another Practitioner, which may include Residents, Fellows, or an APP fails to obtain Informed Consent because he or she deems the situation an emergency, he or she shall document in the patient's medical record the reason(s) the situation constitutes an emergency.

B. Non-Emergency Medical Care:

1. Consent to Medical, Dental, Psychological, and Surgical Treatment:

a. The following persons have general authority to consent to medical, dental, psychological, and surgical treatment of a minor:

i. The mother or father, a man presumed to be the father, a man legally determined to be the father, a man adjudicated to be the father by a court of competent jurisdiction, a man who has acknowledged his paternity under applicable law, or an adoptive mother or father. This does not include a parent as to whom the parent-child relationship has been terminated; or

ii. A court appointed guardian.

b. The following persons have authority to consent to medical, dental, psychological, and surgical treatment of a minor when the person having the right to consent as otherwise provided by law cannot be contacted and that person has not given actual notice to the contrary:

i. The minor's grandparent;
ii. The minor's adult brother or sister;
iii. The minor's adult aunt or uncle;
iv. An educational institution in which the minor is enrolled that has received written authorization to consent from a person having the right to consent;
v. An adult who has actual care, control, and possession of the minor and has written authorization to consent from a person having the right to consent;
vi. A court having jurisdiction over a suit affecting the parent-child relationship of which the minor is subject;
vii. An adult responsible for the actual care, control, and possession of a minor under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county; or
viii. A peace officer who has lawfully taken custody of the minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate Medical Treatment.

c. The Texas Juvenile Justice Department may consent to the medical, dental, psychological, and surgical treatment of a minor committed to the Texas Juvenile Justice Department when the person having the right to consent has been contacted and that person has not given actual notice to the contrary;

d. A Minor may consent to his or her own medical, dental, psychological, and surgical treatment if the minor:

i. Is emancipated (minor must provide copy of signed court order);
ii. Is on active duty with the armed services of the United States of America;
iii. Is sixteen (16) years of age or older and resides separate and apart from his or her parents, managing conservator, or guardian, with or without the consent of the parents, managing conservator, or guardian and regardless of the duration of the residence; and is managing his or her own financial affairs, regardless of the source of the income;
iv. Consents to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported;
v. Is unmarried and pregnant and consents to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy;
vi. Consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use;
vii. Is unmarried, is the parent of a child, and has actual custody of his or her child and consents to medical, dental, psychological, or surgical treatment for the child; or
viii. Is serving a term of confinement in a facility operated by or under contract with the Texas Department of Criminal Justice, unless the treatment would constitute a prohibited practice.

NOTE: In the above circumstances, consent of the parents, managing conservator or guardian is not necessary in order to authorize hospital, medical, surgical, or dental care under this section. The physician, dentist, hospital, or medical facility may rely on the written statement of the Minor containing the grounds on which the Minor has capacity to consent to his or her own medical treatment.

NOTE: In the above circumstances, a licensed physician, dentist, or psychologist may, with or without the consent of a Minor who is a patient, advise the parents, managing conservator, or guardian of the Minor of the treatment given to or needed by the Minor.

2. Suspected Child Abuse or Neglect:

A physician, dentist, or psychologist having reasonable grounds to believe that a child's physical or mental condition has been adversely affected by abuse or neglect may examine the child without the consent of the child, the child's parents, or other person authorized to consent to treatment:

a. An examination may include X-rays, blood tests, photographs, and penetration of tissue necessary to accomplish those tests.
b. Unless consent is obtained as otherwise allowed by law, a physician, dentist, or psychologist may not examine a child sixteen (16) years of age or older who refuses to consent or for whom consent is prohibited by a court order.

3. Authorization and Consent:

a. Consent shall be obtained upon registration using Harris Health System form 283301 General Consent for Medical Treatment in the Consents, Agreements, Authorizations, Acknowledgements and Irrevocable Assignments for all minor patients who present to a Harris Health facility for medical care and treatment and immunizations.

b. Consent shall also be obtained for List A procedures for the minor patient using Harris Health System form 280331 (or 280331S shaded version) Disclosure and Consent for Medical and Surgical Procedures or Harris Health System form 282576.

c. For non-List A procedures, informed consent will be given either in writing or verbally, based on the requirements set forth in Appendix A. If written consent is not required, the patient's Attending Physician or another Practitioner, which may include Residents, Fellows or an APP, who is obtaining the consent must document in the medical record the date and time of the verbal consent and by whom it was given.

III. DISCLOSURE OF RISKS AND HAZARDS:

A. Informed Consent shall be obtained from the patient or the patient's LAR only after disclosing to the patient or the patient's LAR the risks and hazards involved in the Medical Treatments or surgical or diagnostic procedures including, as appropriate, alternative treatments.

B. All Medical Treatments or surgical or diagnostic procedures appearing on Texas Medical Disclosure Panel List A shall require full disclosure of the specific risks and hazards to the patient or the patient's LAR. The appropriate and approved Harris Heath consent form for List A procedures, set forth below in Section IV(c), will be used to obtain the patient's or the patient's LAR's written Informed Consent.

C. The Attending Physician or another Practitioner, which may include Residents or Fellows, or an APP, shall disclose to the patient or the patient's LAR, the risks and hazards related to the Medical Treatments or surgical or diagnostic procedure including, but not limited to, those procedures that appear on the Texas Medical Disclosure Panel's List A, prior to obtaining written Informed Consent. The Attending Physician will determine which Residents, Fellows, and APPs are qualified to perform this task based the Residents', Fellows', and APPs' training,

experience, and if applicable, clinical privileges and sponsoring physician agreement.

NOTE: An APP may obtain informed consent if the procedure or surgery requiring Informed Consent is within the scope of practice and clinical privileges of the APP. If, however, the procedure requiring Informed Consent is not within the scope of practice and clinical privileges of an APP, an APP may still obtain the Informed Consent and sign the Informed Consent form only if there is documentation by a physician in the medical record within the last 30 days that the required conversation regarding risks, hazards, and alternatives to the medical treatment occurred with the patient or the patient's LAR.

D. The risks and hazards that could influence a reasonable person in making a decision to give or withhold consent related to Medical Treatments or surgical or diagnostic procedures appearing on Texas Medical Disclosure Panel List B shall be decided by the Attending Physician and disclosed to the patient or the patient's LAR by the Attending Physician, another Practitioner, which may include Residents or Fellows, or an APP. The appropriate Harris Health consent form discussed below in Section IV (c) for non-List A procedures must be used to obtain the patient's or the patient's LAR's **written** informed consent.

E. If a Medical Treatment or surgical or diagnostic procedure to be performed does not appear on List A or List B, the risks and hazards that could influence a reasonable person in making a decision to give or withhold consent must be disclosed to the patient or the patient's LAR and the appropriate Harris Health consent form discussed below in Section IV (c) must be used to obtain the patient's written Informed Consent, if applicable.

IV. OBTAINING AND DOCUMENTING CONSENT:

A. General Consent:

General consent for non-emergency medical care and treatment shall be obtained for ALL patients who present to the ASC at LBJ using Harris Health form 283301, Consents, Agreements, Authorizations, Acknowledgements and Irrevocable Assignments and completing the section titled General Consent for Medical Treatment.

B. Obtaining Informed Consent:

1. **Required Discussion Regarding Procedure/Surgery:** Prior to obtaining the patient's written Informed Consent for a Medical Treatment, the patient's Attending Physician or another Practitioner, which may include Residents or Fellows, or an APP, must provide and discuss the following information with the patient or his or her LAR:

    a. A description of the proposed Medical Treatment, including the type of anesthesia to be used if applicable;
    b. The indications for the proposed Medical Treatment;
    c. Material risks and benefits for the patient related to the Medical Treatment and anesthesia, including the likelihood of each, based on clinical evidence, as informed by the Attending Physician's clinical judgment;
    d. Treatment alternatives, including the attendant material risks and benefits of those alternatives; and
    e. The probable consequences of declining the recommended or alternative therapies.

2. **Required Discussion Regarding Resident/Fellow Involvement:** The Attending Physician must discuss the following with regards to the involvement of Resident(s) and/or Fellow(s) in the Medical Treatment:

    a. The identification of who will conduct the Medical Treatment and who will administer the anesthesia. The patient's Attending Physician must also discuss with the patient whether Residents or Fellows will be performing tasks related to the patient's Medical Treatment and provide the following information regarding Resident or Fellow involvement:

        i. That it is anticipated that Residents or Fellows will perform portions of the patient's Medical Treatment based on the Resident's or Fellow's availability and level of competence.

ii. That it will be decided at the time of the Medical Treatment which Resident(s) or Fellow(s) will participate in the patient's procedure and their level of participation.

iii. That Residents and/or Fellows performing tasks of a Medical Treatment will do so under the supervision of the patient's Attending Physician and that, based on the Resident's or Fellow's level of competence, the Attending Physician may not physically be present in the room for some or all of the tasks performed by the Resident or Fellow but will be available for consultation. For more information on the levels of Attending Physician supervision.

b. The identification of other advanced practitioners who are not physicians (i.e. APP, CRNA, etc.) but who will perform tasks or administer anesthesia to the patient. The Attending Physician must specify the types of tasks these practitioners will perform and explain that these practitioners will only perform those tasks that are within the scope of their license and for which they have been granted privileges.

C. Documenting Informed Consent:

1. Informed Consent for non-emergency medical, dental, and surgical procedures shall be obtained for ALL patients. If written informed consent is required as set forth in Appendix A, the appropriate Harris Health Consent form must be used. If written consent is not required, the patient's Attending Physician or other Practitioner, which may include Residents, Fellows, or an APP, who is obtaining the consent must document in the medical record the date and time of the verbal consent and by whom it was given. The following consent forms are approved Harris Health consent forms:

a. **Medical and Surgical Procedures Appearing on Texas Medical Disclosure Panel's List A or List B** - Harris Health Form No. 283539/283539SP~~0331S~~ ~~(or 280331S shaded version)~~ Disclosure and Consent for Medical and Surgical Procedures (English).

Note: For those procedures that appear on List A or List B but are addressed in one of the forms below (i.e. hysterectomy), Harris Health Form No. 280331/282576 does not need to be completed.

b. **Anesthesia/Perioperative Pain Management** – Harris Health Form No. 283343, Disclosure and Consent for Anesthesia and/or Perioperative Pain Management.

c. **Hysterectomy**- Harris Health Form No. 281701/281702, Disclosure and Consent for Hysterectomy.

2. The Attending Physician or in the circumstances described below, the APP, shall be responsible for the completeness of the Informed Consent form, including ensuring that the following elements have been completed:

a. The name of the specific procedure or treatment for which consent is being given;
b. The name of the Attending Physician(s) or APP or his or her designated alternate Attending Physician(s) or APP(s) (discussed in further detail below in section C(5));
c. A statement that the anticipated benefits, material risks, and alternative therapies was explained to the patient or the patient's LAR
d. The patient's signature or the patient's LAR's signature;
e. The date and time of patient's or the patient's LAR's signature;
f. The name, title, identification number, signature, and the date and time that the provider who is obtaining consent signed the consent form;
g. The name, title, identification number, signature, and the date and time that the witness signed the consent form; and

h. The name and identification number of the interpreter or bilingual workforce member, the language being interpreted, and the method of communication, if applicable.

Note: Up to two interpreters may be used to provide interpretation for a single consent form. If a second interpreter is used, the name and identification of the interpreter or bilingual workforce member, the language being interpreted, the method of communication, and the date and time of the interpretation should be documented in the "Second Interpreter" section of the form.

3. The patient's medical record shall contain a properly executed Informed Consent form prior to conducting any procedure or other type of treatment that requires written Informed Consent, except in emergencies.
To be considered a properly executed written Informed Consent form, the form must satisfy the following requirements:

a. The form shall be signed and dated by the patient or the patient's LAR, a competent witness, and the Practitioner or APP who completed the informed consent process with the patient;
b. Except in the circumstances described immediately below in **Section IV(C)(4),** all signatures should occur on the same calendar day;
c. Completed and signed paper Informed Consent forms shall be scanned into the patient's medical record.

4. **Calendar Day Requirement Exception for Provider Signature:**

If the provider who signs the consent form and who has the required discussion described above in **Section IV(B)** with the patient or the patient's LAR has that discussion as part of **a <u>scheduled</u> telemedicine visit** (e.g., a scheduled pre-op clinic visit), then the provider does not need to sign the consent form on the same calendar day as the patient and witness (i.e. the provider may sign after the telemedicine visit and before the patient and witness). However, in such circumstances, the patient and the witness **must** sign the consent form on the same calendar day.

5. The Informed Consent form shall contain the name of the Attending Physician or APP or his or her designated alternate Attending Physician(s) or APP(s) and shall also disclose that Harris Health is a healthcare system with teaching hospitals and clinics, and as a result, Residents and Fellows may be involved in the non-emergency medical, dental, and surgical procedures for which the patient is giving consent. Specifically, it will disclose that Residents, Fellows, or other individuals may perform various tasks related to the planned procedure and that this will occur under the supervision of the Attending Physician and/or operating practitioner in accordance with Harris Health policy.

    a. The Attending Physician or APP, in the circumstances identified above, may identify fourteen (14) alternate Attending Physicians or APP(s) to assume responsibility for the patient's Medical Treatment or surgical or diagnostic procedure in the event that prior to the patient's treatment or procedure, the currently assigned Attending Physician or APP becomes unavailable to perform and/or supervise the patient's treatment or procedure.
    b. If at the time of the patient's Medical Treatment or surgical or diagnostic procedure none of the four (4) identified alternate Attending Physicians or APPs are available to perform and/or supervise the patient's Medical Treatment or surgical or diagnostic procedure, then a new informed consent form must be obtained from the patient or the patient's LAR.

6. The witness shall sign the applicable Harris Health Informed Consent form.

    *NOTE: The competent witness of the Informed Consent may not be a Practitioner or APP who: (i) is listed on the consent form as the Attending Physician or his her or designated alternate Attending Physician(s) or APP or his or her designed alternate APPs or (ii) discloses or explains the risks and benefits of the medical care or surgical or diagnostic procedure to the patient or the patient's LAR.

7. Revisions to Informed Consent Form:

Once an Informed Consent form has been signed by the patient or the patient's LAR, no changes may be made to the form. This prohibition also applies to strikethroughs on paper Informed Consent forms.

8. Obtaining New Informed Consent Form:

   a. An Informed Consent will not be valid for longer than 365 days. However, the Attending Physician(s) or APP, in the circumstances described above, should review the previously executed Informed Consent form with the patient or the patient's LAR prior to providing the medical care or performing the surgical or diagnostic procedure to ensure the patient or the patient's LAR do not have any objections or further questions related to the consented medical care or surgical or diagnostic procedure.
   b. A new Informed Consent form must be obtained in the event the patient has a change to alter the admitted plan of treatment or surgical intervention such that a new or different course of treatment or surgical intervention is required.
   c. If a patient's medical condition changes after an Informed Consent form for a specific medical or surgical procedure has been signed and the change in the patient's medical status resulted in increased risk or additional risk associated with the planned procedure or treatment, a new Informed Consent form shall be completed and signed before the specific medical or surgical procedure may be performed unless the treatment or care is being provided emergently.
   d. Post-operative patients requiring a procedure or treatment for a diagnosis not directly related to the surgical procedure shall have a new Informed Consent form signed with the new diagnosis documented.

7. Providing Copies of Executed Informed Consent Form:

Harris Health must inform each patient, or the patient's LAR, that he or she has a right to a copy of their executed Informed Consent form in his or her language. Harris Health's Health Information Management (HIM) department will provide a copy of the executed Informed Consent form to the patient or the patient's LAR in his or her language if a copy is requested.

D. Additional Informed Consent Guidelines:

1. **Placement and Removal of Medical Device**:

a. A "medical device" is an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part or accessory that is intended for the use in the diagnosis of a disease or condition, or in the cure, mitigation, treatment, or prevention of a disease (e.g., PICC lines, drains, etc.).

b. If a patient's or a patient's LAR's consent is obtained by Harris Health for the placement of a medical device, a separate consent is not needed for the subsequent removal of the medical device, provided that:

i. The risks associated with the removal of the medical device are the same as the risks associated with the placement of the medical device; and
ii. The Informed Consent for the placement of the medical device was not obtained more than 365 days prior to the removal.

c. If the placement of the medical device occurred at a non-Harris Health facility, but the device is being removed at a Harris Health facility, the patient or the patient's LAR must provide Informed Consent for the removal of the medical device.

E. The written Informed Consent form shall be effective for 365 days or until the listed procedure(s) has been performed unless the patient's condition has changed such that the risks and/or benefits of the treatment or procedure have changed warranting completion of a new Informed Consent form. Verbal Informed Consent should be obtained and documented on the day of the procedure.

V. ADDITIONAL CONSENT POLICIES AND FORMS:

A. **Policies**:

1. Sterilization

Informed Consent for sterilization is only valid if:

a. The Department of Health and Human Services (DHHS) Sterilization Consent Form is used (Harris Health Form 283030 (English) and 283031 (Spanish));
b. At least thirty (30) days, but no more than one hundred and eighty (180) days have passed between the date that a competent patient (who is twenty-one (21) years old or older) voluntarily signs an informed consent and the date of sterilization, except in the event of premature delivery or emergency abdominal surgery;
c. In the event of a premature delivery, the informed consent was given at least thirty (30) days before the expected date of delivery; or
d. In the event of emergency abdominal surgery, at least seventy-two (72) hours have passed since the patient gave informed consent for sterilization.
e. Informed consent does not exist unless a consent form is completed voluntarily by the patient and in accordance with all the requirements of Section 50.204 and 50.205 of the Code of Federal Regulations Title 42 Part 50 Subpart B.
f. Informed consent for sterilization may not be obtained if the patient is in labor; seeking abortion; or is under the influence of alcohol or other substances affecting his or her awareness.

g. An individual adjudicated to be incompetent may not give informed consent.

h. Patients who have requested sterilization during hospitalization, but postponed the procedures, shall be scheduled for follow-up in the appropriate clinic at the time of discharge. The following criteria apply:

i. The patient must be competent, twenty-one (21) years old or older, and have given informed consent voluntarily and no less than thirty (30) days but not more than one hundred and eighty days (180) before the procedure was scheduled to take place;

ii. In the event of a premature delivery, an informed consent was obtained at least thirty (30) days before the expected delivery date; or

iii. In the event of emergency abdominal surgery, an informed consent for sterilization was obtained seventy-two (72) hours prior to surgery.

i. Responsibilities:

i. Pre-Operative Nurses:

a) Provide the surgeon with a copy of the Sterilization Consent Form to complete with the patient;
b) Verify the completion of all consent forms;
c) Notify the surgeon of the existence of any incomplete forms;
d) When a procedure goes forward without obtaining the patient's signature on the Sterilization Consent Form, nurses must make a report to the ASC Administrator or designee.

ii. Surgeon:

a) On the day of the surgery, the surgeon provides an explanation of the sterilization procedure and available alternatives (during specified time frames);
b) Obtains written consent and completes the:

i) Disclosure and Consent-Medical/Surgical Procedure; and
ii) DHHS Sterilization Consent Form.

c) Makes the medical determination for the sterilization procedure in the event of an emergency when an informed consent is not available at the time of delivery;
d) Shortly before the surgery, the physician performing the surgery documents in the patient's medical record, the reason for the medical sterilization exception; and
e) Surgeon performing the surgery completes the "Physician Statement" section of the DHHS Sterilization Consent Form in its entirety. .

iii. Harris Health System (Harris Health) Health Information Management (HIM)

Pursuant to the Letter of Agreement between Harris Health and the ASC, Harris Health's HIM department shall perform the following tasks on behalf of the ASC:

i) Identify the records of a patient who has received sterilization; and
ii) Fax a copy of the DHHS Sterilization Consent Form to Patient Accounts for billing.

iv. Harris Health Patient Accounts:

Pursuant to the Letter of Agreement between Harris Health and the ASC, Harris Health's Patient Account's department will forward a copy of the DHHS

Sterilization Form to the Fiscal Intermediary on behalf of the ASC.

B. **Forms**:

The below listed Medical Treatments or surgical or diagnostic procedures are documented by specific Harris Health Informed Consent forms. In addition to the forms referenced in this policy, please refer to the Harris Health System Form 283030 Sterilization Consent Form.

REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.47(b); 416.50(e)(1)(iii)

Quad A Version 8.2

25 Texas Administrative Code § 601

Texas Family Code Chapter 32

Texas Family Code § 101.003(a)

Texas Family Code § 101.024(a)

Texas Civil Practice & Remedies Code §§ 74.101-74.107

Texas Health & Safety Code, Chapter 166

Texas Health & Safety Code Annotated., Chapter 313

Texas Health & Safety Code Annotated § 773.008

Texas Probate Code, Chapter XIII

The Ambulatory Surgical Center at LBJ ASC-P-4001 Advance Directives

Harris Health System Policy 4217 Informed Consent: Sterilization

Harris Health System Policy 4315 Surrogate Decision-Makers

Harris Health System Policy and Procedure 4205 Patients Requesting to Leave Harris Health System Facilities or Refusing or Requesting Discontinuation of Treatment Against Medical Advice

The Ambulatory Surgical Center at LBJ The Ambulatory Surgical Center at LBJ Medical Staff Bylaws

OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center at LBJ

REVIEW/REVISION HISTORY:

Effective Date	Version# (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (If Board of Managers Approved, include Board Motion#)
9/16/16	1.0		The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Revised / Approved 02/14/2019	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 02/13/2020	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 02/25/2021	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 02/17/2022	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 02/16/2023	The Ambulatory Surgical Center (ASC) at LBJ Governing Body

ATTACHMENT A

This guideline has been created to aid in the completion of the State of Texas Sterilization Consent Form (0937-0166) ("Consent").

Roles and Responsibilities:

a) Pre-Operative Nurse:

(1) Ensure the Consent is available in the patient's paperwork and verify the appropriate completion of the form. If the Consent is scanned into the media tab of the Electronic Medical Record, please print and place a copy of the Consent with the patient's paperwork.

(2) If the appropriate sections of the Consent have not been addressed notify the surgeon immediately, with the exception of "**Physician's Statement**" section.

b) Intra-Operative Nurse:

(1) Verify the Consent is with the patient prior to leaving the Pre-Operative area.

(2) After surgical sterilization is verified to be complete by the attending surgeon, and prior to the surgeon or patient leaving the operating room suite, the "**Physician's Statement"** section must be completed by the attending surgeon. All fields in this section of the Consent must be addressed; this includes and is not limited to:

a. Patient's full name;
b. Date of the surgical procedure;
c. Type of surgical procedure;
d. Applicable statements must be addressed (Refer to Section 25 of the Consent); and
e. Physician signature.

c) Post-Operative Nurse:

(1) Verify the completed Consent is with the patient's paperwork; verify the "**Physician's Statement"** section has been addressed.

(2) If the Consent is incomplete, please notify the attending surgeon immediately and request they complete the Consent prior to patient discharge.

(3) Ensure the completed Consent form, with original signatures, is submitted to Health Information Management.

APPENDIX A
REQUIREMENTS FOR WRITTEN INFORMED CONSENT BY PROCEDURE
Please refer to Policy ASC-P-4002 "Approved Procedures" as applicable

1. General procedures

List A – Written consent required

1. Any procedure occurring with general anesthesia or patient sedation.
2. Open biopsy.
3. Transfusion of blood and blood components.

2. Anesthesia

a. List A – Written consent required

Peripheral and visceral nerve blocks and/or ablations.

b. List B/Other

1. Written consent required

None.

2. Written consent NOT required

a. Arterial line insertion for monitoring purposes.
b. Local anesthesia.

3. Gastroenterology (GI)

a. List A – Written consent required

None.

b. List B/Other

1. Written consent required

a. Colonoscopy.
b. ERCP (Endoscopic retrograde cholangio pancreatography).

2. Written consent NOT required

None.

4. General Surgery

a. List A – Written consent required

1. Amputation of digit (toe, finger)
2. Cholecystectomy with or without common bile duct exploration.
3. Open tracheostomy.
4. Mastectomy partial/complete (simple/modified/radical)

Vascular

5. Vascular access – non-tunneled catheters, tunneled catheters, implanted access.

b. List B/Other

1. Written consent required

a. Appendectomy.
b. Biopsy of lymph nodes.
c. Biopsy of skin or mucus membrane.
d. Excision of pilonidal sinus or cyst.
e. Hemorrhoidectomy with fistulectomy or fissurectomy.
f. Hemorrhoidectomy.
g. Incision or excision of perirectal tissue.
h. Local excision and destruction of lesion, anus, and rectum.
i. Repair and plastic operations on anus and rectum.
j. Repair of inguinal or ventral hernia.
k. Rigid proctoscopy / Anoscopy.

2. Written consent NOT required

a. Local anesthesia.
b. Suture of skin.
c. Wound debridement (unless performed on a child age 12 or under).

5. Obstetrics / Gynecology (OB/Gyn)

a. List A – Written consent required

1. Abdominal suspension of the bladder (retropubic urethropexy).
2. All fallopian tube and ovarian surgery with or without hysterectomy, including removal and lysis of adhesions.
3. Conization of cervix.
4. Dilation and curettage of uterus (diagnostic/therapeutic).
5. Fallopian tube occlusion (for sterilization with or without hysterectomy).
6. Hysterectomy (abdominal and vaginal).
7. Hysteroscopy.
8. Removal of the cervix.
9. Removal of the nerves to the uterus (presacral neurectomy) .
10. Removing fibroids (uterine myomectomy).
11. Repair of vaginal hernia (anterior and/or posterior, colporrhaphy and/or enterocele repair).
12. Selective salpinography and tubal reconstruction.
13. Uterine suspension.

b. List B/Other

1. Written consent required

    a. Cervical biopsy.
    b. Colposcopy.
    c. Condylomata destruction.
    d. Cystoscopy +/- Botox.
    e. Dilation / curettage of missed abortion / other.
    f. Endocervical biopsy.
    g. Endometrial biopsy.
    h. External cephalic version.
    i. Implantable contraceptive placement and removal.
    j. Intrauterine device (IUD) insertion.
    k. Intrauterine device (IUD) removal.
    l. Irrigation and debridement of vulvar abscess / Bartholin Gland cyst / abscess.
    m. LEEP.
    n. Manual vacuum aspiration.
    o. Marsupialization Bartholin Gland cyst.
    p. Removal of cervical polyp.
    q. Vaginal myomectomy.
    r. Vulvar biopsy.
    s. Word catheter placement.

2. Written consent NOT required

a. Drain removal.
b. Removal or treatment of local skin or subcutaneous lesion.
c. Suture of skin.

6. Ophthalmology

a. List A – Written consent required

1. Corneal surgery, such as corneal transplant, refractive surgery and pterygium.
2. Eye muscle surgery.
3. Glaucoma surgery by any method.
4. Photocoagulation and/or cryotherapy.
5. Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess or trauma.
6. Removal of the eye or its contents (enucleation or evisceration).
7. Retinal or vitreous surgery.
8. Surgery for cataract with or without implantation of intraocular lens.
9. Surgery for penetrating ocular injury, including intraocular foreign body.

b. List B/Other

1. Written consent required

a. Administration of topical, parenteral (such as IV), or oral drugs or pharmaceuticals, including, but not limited to, fluorescein angiography, orbital injection or periocular injections.
b. Chalazion excision.
c. Fluorescein Angiograms.
d. Intravitreal injections.
e. Removal of extraocular foreign bodies.

2. Written consent NOT required

None.

7. Oral Maxillofacial Surgery (OMFS)

a. List A – Written consent required

1. Anatomical crown exposure (removal of enlarged gingival tissue and supporting bone to provide an anatomically correct gingival relationship).
2. Apically positioned flap (used to preserve keratinized gingival (attached gum tissue) in conjunction with osseous resection (removal) and second stage implant procedure).
3. Apicoectomy (surgical removal of root tip or end of the tooth, with or without sealing it).
4. Bone grafting (replacing missing bone).
5. Clinical crown lengthening (removal of gum tissue and/or bone from around the tooth).
6. Distal or proximal wedge procedure (taking off gum tissue from the very back of the last tooth or between teeth). Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
7. Extraction (removing teeth).
8. Free soft tissue graft protection - including donor site surgery.
9. Gingival flap procedure, including root planing (soft tissue flap is laid back or removed to allow debridement (cleaning) of the root surface and the removal of granulation tissue (unhealthy soft tissue)).
10. Gingivectomy and gingivoplasty (involves the removal of soft tissue).
11. Guided tissue regeneration - nonresorbable barrier (includes membrane removal).
12. Guided tissue regeneration - resorbable barrier.
13. Open reduction with internal fixation.
14. Osseous surgery - including flap entry and closure (modification of the bony support of the teeth).
15. Pedicle soft tissue graft procedure.
16. Reconstruction and/or plastic surgery operations of the face and neck.
17. Root amputation (surgical removal of portion of one root of a multi-rooted tooth).
18. Root canal therapy (from an occlusal access in order to clean and fill the canal system).
19. Soft tissue allograft and connective tissue double pedicle graft from below (creates or augments gum tissue).
20. Sub epithelial connective tissue graft procedures.
21. Submucous resection of nasal septum or nasal septoplasty.
22. Surgical exposure to tooth in order to facilitate orthodontics.
23. Surgical placement of implant body.

b. List B/Other

1. Written consent required

   a. Alveoloplasty and pre-prosthetic surgery (includes Tori and Extosis of the mandible and maxilla).
   b. Arthrocentesis.
   c. Autogenous bone harvest.
   d. Biopsy of oral and maxillofacial region.
   e. Closure of oro-antral communication or oro-nasal communication.
   f. Coronectomy (intentional partial odontectomy).
   g. Facial and temporomandibular joint injections (includes Botox).
   h. Fiberoptic nasalpharyngoendoscopy.
   i. Incision and drainage of infection.
   j. Incision and drainage of the oral and maxillofacial region.
   k. Lingual and labial frenectomy.
   l. Maxillary sinus lift.
   m. Osteogenic orthodontics.
   n. Palliative treatment of pain and osteitis with local anesthesia.
   o. Placement of temporary anchorage device in the jaws and/or facial bones.
   p. Salivary duct removal/salivary duct dilation and stenting.
   q. Salivary gland removal.
   r. Second stage surgery for dental implants.
   s. Sequestrectomy under local anesthesia (excludes topical anesthesia).
   t. Treatment of cysts and tumors.

2. Written consent NOT required

   a. Closed treatment of dentoalveolar and jaw injections.
   b. Foreign body radiography and/or fluoroscopy and foreign body retrieval (in ER).

8. <u>Orthopedics</u>

a. List A – Written consent required

1. Amputation of limb.
2. Arthroplasty of any joints with mechanical device.
3. Arthroscopy of any joint.
4. Flap or graft surgery.
5. Ligamentous reconstruction of joints.
6. Open reduction with internal fixation.

7. Osteotomy.
8. Peripheral nerve operation; nerve grafts, decompression, transposition or tumor removal; neurorrhaphy, neurectomy or neurolysis.
9. Tendonitis, tendon release, and trigger releases.
10. Tendons, nerves, or blood vessel repair.
11. The following procedures performed on a child 12 or under (per age as outlined by ASC at LBJ Policy):

    a. Arthrotomy, arthrocentesis, or joint injection.
    b. Closed reduction without internal fixation.
    c. Wound debridement.
    d. Needle biopsy or aspiration, bone marrow.
    e. Partial excision of bone.
    f. Removal of external fixation device.
    g. Traction or fixation without manipulation for reduction.

12. Vertebroplasty/kyphoplasty.

b. List B/Other

1. Written consent required

    a. Cervical traction, reduction, including application of halo with or without reduction.
    b. Insertion of skeletal tongs.

2. Written consent NOT required

    a. Arthrotomy, arthrocentesis, or joint injection (unless performed on a child age 12 or under).
    b. Aspiration of seroma / hematoma.
    c. Carpal tunnel injection.
    d. Closed reduction without internal fixation (unless performed on a child age 12 or under) (per age as outlined by ASC at LBJ Policy).
    e. Debridement of ulceration of the skin.
    f. Foreign body radiography and/or fluoroscopy and foreign body retrieval
    g. Local anesthesia.
    h. Partial excision of bone (unless performed on a child age 12 or under (per age as outlined by ASC at LBJ Policy)).
    i. Portable radiography / fluoroscopy.
    j. Removal of external fixation device (unless performed on a child age 12 or under (per age as outlined by ASC at LBJ Policy)).

k. Removal or treatment of local skin or subcutaneous lesion.
l. Splint placement.
m. Suture of skin.
n. Traction or fixation without manipulation for reduction (unless performed on a child age 12 (per age as outlined by ASC at LBJ Policy)).
o. Trigger finger injection.
p. Trigger point injection (injection into tendon or muscle).
q. Wound debridement (unless performed on a child age 12 or under (per age as outlined by ASC at LBJ Policy)).

9. Otorhinolaryngology (ENT)

a. List A – Written consent required

1. Biopsy and/or excision of lesion of larynx, vocal cords, trachea.
2. Parathyroidectomy
3. Reconstruction and/or plastic surgery operations of the face and neck.
4. Reconstruction of auricle of ear for congenital deformity or trauma.
5. Rhinoplasty or nasal reconstruction with or without septoplasty.
6. Stapedectomy.
7. Submucous resection of nasal septum or nasal septoplasty.
8. Thyroidectomy.
9. Tympanoplasty with mastoidectomy.

b. List B/Other

1. Written consent required

a. Biopsy of skin or mucus membrane.
b. Myringectomy.
c. Reconstruction of auricle of ear for skin cancer.
d. Scar Injection.
e. Tonsillectomy with adenoidectomy.
f. Tonsillectomy without adenoidectomy.
g. Tympanoplasty without mastoidectomy.
h. Wide or radical excision of skin lesion with or without graft.

2. Written consent NOT required

a. Aspiration of seroma / hematoma.
b. Closed treatment of nasal bones without manipulation.
c. Flexible laryngoscopy.
d. Incision and drainage of peritonsillar abscess.

e. Local anesthesia.
f. Nasal Endoscopy.
g. Nasopharyngoscopy.
h. Otomicroscopy.
i. Removal or treatment of local skin or subcutaneous lesion.
j. Suture of skin.

10. Plastic Surgery (PRS)

a. List A – Written consent required

1. Amputation of limb.
2. Arthroplasty of any joints with mechanical device.
3. Arthroscopy of any joint.
4. Augmentation mammoplasty (breast enlargement with implant).
5. Bilateral breast reduction.
6. Breast reconstruction with flaps.
7. Breast reconstruction with other flaps and/or implants.
8. Flap or graft surgery.
9. Liposuction (removal of fat by suction).
10. Nipple areolar reconstruction.
11. Open reduction with internal fixation.
12. Open tracheostomy.
13. Osteotomy.
14. Peripheral nerve operation; nerve grafts, decompression, transposition or tumor removal; neurorrhaphy, neurectomy or neurolysis.
15. Reconstruction and/or plastic surgery operations of the face and neck.
16. Reconstruction of auricle of ear for congenital deformity or trauma.
17. Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess or trauma.
18. Rhinoplasty or nasal reconstruction with or without septoplasty.
19. Submucous resection of nasal septum or nasal septoplasty.
20. Tendonitis, tendon release, and trigger releases.
21. Tendons, nerves, or blood vessel repair.
22. The following procedures performed on a child 12 or under (per age as outlined by ASC at LBJ Policy).

    a. Arthrotomy, arthrocentesis, or joint injection.
    b. Closed reduction without internal fixation.
    c. Wound debridement.
    d. Needle biopsy or aspiration, bone marrow.
    e. Partial excision of bone.

f. Removal of external fixation device.
g. Traction or fixation without manipulation for reduction.

b. List B/Other

1. Written consent required

a. Biopsy of skin or mucous membrane.
b. Chemodenervation.
c. Closed treatment of nasal bones with manipulation.
d. Cutting and preparation of skin grafts or small pedicle flaps.
e. Nipple areola complex micropigmentation.
f. Operations for correction of cleft palate.
g. Reconstruction of auricle of ear for skin cancer.
h. Scar injection.
i. Wide or radical excision of skin lesion with or without graft.

2. Written consent NOT required

a. Aspiration of seroma / hematoma.
b. Carpal tunnel injection.
c. Closed reduction without internal fixation (unless performed on a child age 12 or under (per age as outlined by ASC at LBJ Policy)).
d. Closed treatment of nasal bones without manipulation.
e. Debridement of ulceration of skin.
f. Local anesthesia.
g. Negative pressure wound dressing exchange.
h. Nerve root injection, epidural injection, nerve blocks, and radiofrequency treatments for pain control.
i. Removal or treatment of local skin or subcutaneous lesion.
j. Splint placement.
k. Suture of skin.
l. Trigger finger injection.
m. Trigger point injection (injection into tendon or muscle).
n. Wound debridement (unless performed on a child age 12 or under (per age as outlined by ASC at LBJ Policy)).

11. <u>Urology</u>

a. List A – Written consent required

1. Circumcision.
2. Nephrolithotomy and pyelolithotomy (removal of kidney stone(s)).

3. Orchiectomy (removal of testis(es)).
4. Orechiopexy (reposition of testis(es)).
5. Prostatectomy (partial or total removal of prostate).
6. Ureteral reimplantation [reinserting ureter (tube between kidney and bladder) into the bladder].
7. Ureterectomy [partial/complete removal of ureter (tube between kidney and bladder)].
8. Ureterolithotomy (surgical removal of stone(s) from ureter (tube between kidney and bladder).
9. Ureterolysis [partial/complete removal of ureter (tube between kidney and bladder from adjacent tissue)].
10. Ureteroplasty (reconstruction of ureter [tube between kidney and bladder]).
11. Ureterosigmoidostomy (placement of kidney drainage tubes into the large bowel (intestine)).
12. Urethroplasty (construction/reconstruction of drainage tube from bladder).
13. Vasectomy.

b. List B/Other

1. Written consent required

   a. Biopsy of testicle.
   b. Cystolitholapaxy (cystoscopic crushing and removal of bladder stone(s)).
   c. Cystolithotomy (surgical removal of stone(s) from the bladder).
   d. Cystoscopy.
   e. Cystostomy (placement of tube into the bladder).
   f. Diverticulectomy or diverticulotomy of the urethra (repair or drainage of outpouching of the urethra).
   g. Hydrocelectomy (removal / drainage of cyst in scrotum).
   h. Lithotripsy (sound wave removal of stones from kidney and ureter).
   i. Placement of testicular prosthesis.
   j. Urethrotomy (incision of the urethra).

2. Written consent NOT required

   a. Cystography, cystourethrography.
   b. Incision and drainage of scrotal abscess.
   c. Retrograde and antegrade urography.

End of list.

BOARD OF TRUSTEES

HARRISHEALTH SYSTEM

Ambulatory Surgical Center at LBJ Governing Body

Thursday, November 16, 2023

Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Ambulatory Surgical Center at LBJ, Including Questions and Answers

HARRISHEALTH SYSTEM

Ambulatory Surgical Center
340 B Program Impact

Matthew Reeder, RN

340B Impact

- 340B Drug Pricing Program allows qualifying hospitals, clinics, and now ASC's to purchase outpatient drugs at a discounted rate.
- The 340B program often allows for no expenses out-of-pocket for the qualifying patient.
- The program allows for greater effectiveness of prescribing practices for our physicians.

Background

- Many ASC patients receive three or more prescriptions after surgery for their after care.
- Prior to the implementation of 340B at the ASC, out of pocket expenses per-patient for post-operative prescriptions with the GoodRx® Card averaged $74.37.
- Patients had medications prescribed to pharmacies outside of Harris Health.

Comparison of Savings