

# AMBULATORY SURGICAL CENTER (ASC) AT LBJ GOVERNING BODY

Thursday, May 23, 2024 9:00 A.M.

BOARD ROOM 4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>
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 mir

II. Approval of the Minutes of Previous Meeting Ms. Jennifer Tijerina 1 min

ASC at LBJ Governing Body Meeting – February 22, 2024

Special Call ASC at LBJ Governing Body Meeting – March 28, 2024

### III. Executive Session Ms. Jennifer Tijerina 25 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
- B. Report by the Executive Vice President, Chief Compliance and Risk 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 Ms. Carolynn Jones
- 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

(5 min)

(10 min)

(10 min)



IV. Reconvene Ms. Jennifer Tijerina 2 min

V. General Action Item(s)

Ms. Jennifer Tijerina 20 min

A. General Action Item(s) Related to Quality: ASC at LBJ Medical Staff

(10 min)

- Consideration of Approval of Credentialing Changes for Members of the Harris Health System ASC at LBJ Medical Staff

   Dr. Scott Perry
- Consideration of Approval of Changes to the Ophthalmology Clinical Privileges – Dr. Scott Perry
- Consideration of Approval of Changes to the OBGYN Clinical Privileges
   Dr. Scott Perry
- 4. <u>Consideration of Approval of Changes to the Urology Clinical</u> Privileges – *Dr. Scott Perry*
- Consideration of Approval of Changes to the Otolaryngology Clinical Privileges – Dr. Scott Perry
- 6. Consideration of Approval of Medical Director Appointment/ Reappointment – **ASC at LBJ Governing Body**
- **B.** General Action Item(s) Related to Policy and Procedures

(10 min)

- Consideration of Approval of New and/or Amended Policy and Procedures for the ASC at LBJ - Mr. Matthew Reeder and Dr. Scott Perry
- 2. <u>Consideration of Approval of the Retirement of Policy and Procedures</u> for the ASC at LBJ *Mr. Matthew Reeder and Dr. Scott Perry*
- Consideration of Approval of the Amended Medical Staff Bylaws for the ASC at LBJ – Dr. Scott Perry
- Consideration of Approval of the Amended Governing Body Bylaws for the ASC at LBJ – Dr. Scott Perry

#### VI. ASC 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, Including Questions and Answers
  - Dr. Scott Perry and Mr. Matthew Reeder
  - Safety and Growth
    - o Accreditation Status
    - City of Houston Status
    - Review of Facility Risk Assessment Due to Construction at LBJ

#### VII. Adjournment

Ms. Jennifer Tijerina 1 min



# MINUTES OF THE HARRIS HEALTH SYSTEM AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY MEETING February 22, 2024 9:00 AM

	AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I.	Call to Order & Record of Attendance	The meeting was called to order at 9:02 a.m. by Ms. Jennifer Tijerina, Chair. It was noted that a quorum was present and the attendance was recorded. Ms. Tijerina stated that while some Board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	I
II.	Approval of the Minutes of the Previous Meeting Ambulatory Surgical Center at LBJ Governing Body Meeting – November 16, 2023		Motion No. 24.02 - 01  Moved by Dr. Glorimar Medina, seconded by Ms. Carol Paret, and unanimously passed that the Governing Body approve the minutes of the November 16, 2023 meeting.
III.	Executive Session	At 9:04 a.m., Ms. Tijerina stated that the ASC Governing Body would enter into Executive Session for Items "A through C" as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007.	
		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	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 Governing Body 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 9:27 a.m., Ms. Tijerina reconvened the meeting in open session; she noted that a quorum was present and 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	
	<ol> <li>Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Hospital Medical Staff</li> <li>For February 2024, there were three (3) initial appointments and two (2) reappointments. A copy of the credentialing report is available in the permanent record.</li> </ol>	Motion No. 24.02 - 02  Moved by Dr. Glorimar Medina, seconded by Ms. Carol Paret, and unanimously passed that the Governing Body approve V.A.1. Motion carried.
	B. General Action Item(s) Related to Policy and Procedures	
	<ol> <li>Approval of New and/or Amended Policies and Procedures for the Ambulatory Surgical Center at LBJ Governing Body</li> <li>Mr. Matthew Reeder, R.N., Administrator, ASC at LBJ, presented the amended policy for the Ambulatory Surgical Center at LBJ. Mr. Reeder stated that the policies are reviewed annually, and although there were no substantial changes, minor revisions were made to coincide with Harris Health System's policy. A copy of the policy matrix is available in the permanent record.</li> </ol>	Motion No. 24.02 - 03  Moved by Mr. Jim Robinson, seconded by Dr. Glorimar Medina, and unanimously passed that the Governing Body approve V.B.1. Motion carried.
	<ol> <li>Approval of Reviewed Policy and Procedures with No Recommended Changes for the ASC at LBJ</li> <li>A copy of the policy matrix is available in the permanent record.</li> </ol>	Motion No. 24.02 - 04  Moved by Ms. Carol Paret, seconded by Dr. Glorimar Medina, and unanimously passed that the Governing Body approve V.B.2. Motion carried.

		C. Miscellaneous General Action Item(s)	
		<ol> <li>Discussion and Appropriate Action to Elect Officers of the ASC at LBJ Governing Body in Accordance with Article V, Section 2 of Governing Body Bylaws of the Ambulatory Surgical Center (ASC) at LBJ</li> <li>Chair – Ms. Jennifer Tijerina</li> </ol>	•
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 stated that the ASC is continuing to work with Baylor College of Medicine and The University of Texas medical schools regarding the possibility of the two schools assisting at the ASC. Dr. Scott Perry, Medical Director, ASC, explained that the goal is add additional ophthalmology rooms to assist with hospital's needs.	
VII.	Adjournment	There being no further business to come before the Governing Body, the meeting adjourned at 9:36 a.m.	Moved by Ms. Carol Paret, seconded by Dr. Glorimar Medina, and unanimously approved to adjourn the meeting.

I certify that the foregoing are the Minutes of the Harris Health System ASC at LBJ Governing Body Meeting held on February 22, 2024.

Respectfully Submitted,

Jennifer Tijerina, MS, Chair

Minutes transcribed by Cherry A. Pierson, MBA

# Thursday, February 22, 2024

# **Ambulatory Surgical Center (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 MEMBERS PRESENT	ASC at LBJ GB MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Jennifer Tijerina (Chair)		
Carol Paret		
Dr. Glorimar Medina		
Jim Robinson		
Matthew Reeder		
Dr. Scott Perry		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS		
Anthony Williams	John Matcek	
Celesta Chelf	Louis Smith	
Cherry Pierson	Maria Cowles	
Daniel Smith	Dr. Matasha Russell	
Elizabeth Hanshaw Winn (Harris County Attorney's Office)	Nicholas J. Bell	
Dr. Esmaeil Porsa, Harris Health System President & Chief Executive Officer	Patricia Darnauer	
Dr. Jackie Brock	Randy Manarang	
Jeff Baffour	Sara Thomas (Harris County Attorney's Office)	
Dr. Jennifer Small	Shawn DeCosta	
Jennifer Zarate	Dr. Steven Brass	
Jerry Summers	Dr. Tien Ko	
Jessey Thomas		



# MINUTES OF THE HARRIS HEALTH SYSTEM SPECIAL CALL AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY MEETING Thursday, March 28, 2024

	AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I.	Call to Order & Record of Attendance	The meeting was called to order at 11:54 a.m. by Ms. Jennifer Tijerina, MS, Chair. It was noted that a quorum was present and the attendance was recorded. Ms. Tijerina stated that while some Board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: <a href="http://harrishealthtx.swagit.com/live.">http://harrishealthtx.swagit.com/live.</a>	A copy of the attendance is appended to the archived minutes.
II.	Executive Session	At 11:56 a.m., Ms. Tijerina stated that the ASC Governing Body would enter into Executive Session for Item "A" as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007.	
		A. Discussion Regarding Change in Accreditation Body for ASC at LBJ, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007	No Action Taken.
III.	Reconvene	At 12:02 p.m., Ms. Tijerina reconvened the meeting and stated that no action was taken in Executive Session.	
IV.	General Action Item(s)	A. Miscellaneous General Action Item(s)	
		Approval of American Association for Accreditation of Ambulatory Surgery Facilities (AAAHC) as the Accreditation Agency for the Ambulatory Surgery Center at LBJ     A copy of the credentialing report is available in the permanent record.	Motion No. 24.03 - 06  Moved by Mr. Jim Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Governing Body approve V.A.1. Motion carried.
V.	Adjournment	There being no further business, the meeting adjourned at 12:02 p.m.	

I certify that the foregoing are the Minutes of the Harris Health System Special Call ASC at LBJ Governing Body Meeting held on March 28, 2024.

Respectfully Submitted,

Jennifer Tijerina, MS, Chair

Minutes transcribed by Cherry A. Pierson, MBA

# Thursday, March 28, 2024

# Special Call Ambulatory Surgical Center (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 MEMBERS PRESENT	ASC at LBJ GB MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Jennifer Tijerina (Chair)		
Carol Paret		
Dr. Glorimar Medina		
Jim Robinson		
Matthew Reeder		
Dr. Scott Perry		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS		
Anthony Williams	Micah Rodriguez	
Cherry Pierson	Dr. Michael Nnadi	
Daniel Smith	Nicholas J. Bell	
Ebon Swofford (Harris County Attorney's Office)	Omar Reid	
Elizabeth Hanshaw Winn (Harris County Attorney's Office)	Patricia Darnauer	
Dr. Jennifer Small	R. King Hillier	
Jerry Summers	Sara Thomas (Harris County Attorney's Office)	
John Matcek	Shawn DeCosta	
Dr. Martha Mims	Dr. Steven Brass	
Dr. Matasha Russell		



# **Ambulatory Surgical Center at LBJ Governing Body**

Thursday, May 23, 2024

**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.



# Ambulatory Surgical Center at LBJ Governing Body

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# **Ambulatory Surgical Center at LBJ Governing Body**

Thursday, May 23, 2024

**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.



# Ambulatory Surgical Center at LBJ Governing Body

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# Ambulatory Surgical Center at LBJ Governing Body

Thursday, May 23, 2024

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

# **Ambulatory Surgical Center Governing Body**



# May 2024 Medical Staff Credentials Report

Medical Staff Initial Appointments: 1
Medical Staff Reappointments: 6
Medical Staff Files for Discussion: 1



# Ambulatory Surgical Center at LBJ Governing Body

## Thursday, May 23, 2024

Consideration of Approval of Changes to the Ophthalmology Clinical Privileges

A request was made from the last American Association for Accreditation of Ambulatory Surgery Facilities (AAAHC) survey to include the specific type of laser with the privileging criteria utilized at the Ambulatory Surgical Center at LBJ.

## Revisions to the Ophthalmology Delineation of Privileges (DOP) form include:

- Specific type of Laser with the privileging criteria utilized at ASC
- Qualifications for Glaucoma surgery
- Qualifications for Retina and Vitreous surgery

The ASC Medical Executive Committee approved the revisions to the Ophthalmology Clinical Privileges and requests the approval of the Ambulatory Surgical Center at LBJ Governing Body.



## **Record of Clinical Privileges Requested and Approved**

## **ASC - Ophthalmology**

Please date <u>each</u> box for the privileges you are requesting to perform at The Ambulatory Surgical Center (ASC) at LBJ. **Do not** date the first box and draw a line to request all of the below privileges.

#### **QUALIFICATIONS FOR OPHTHALMOLOGY**

To be eligible to apply for privileges in Ophthalmology, the applicant must meet the following criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Ophthalmology.

#### AND

Specialty board certification/eligible in Ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology.

#### AND

**Required Current Experience:** At least adequate volume of urological procedures as reflective in the Bylaws, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges:** To be eligible to renew privileges in urology the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience as reflected in the Bylaws with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing performance data review (OPDR) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Privilege Requested	Date Requested	Date Approved
Biopsy of lesions		
Glaucoma filtering surgeries		
QUALIFICATIONS FOR GLAUCOMA SURGERY Criteria: Successful completion of an ACGME or AOA-accredited residency in ophthalmology followed by successful completion of a fellowship in glaucoma OR the equivalent in training and experience. Procedures include, but are not limited to, glaucoma tube shunt surgery		
Glaucoma angle surgeries		
QUALIFICATIONS FOR GLAUCOMA SURGERY Criteria: Successful completion of an ACGME or AOA-accredited residency in ophthalmology followed by successful completion of a fellowship in glaucoma OR the equivalent in training and experience. Procedures include, but are not limited to, glaucoma tube shunt surgery.		
Cyclophotocoagulation		
Cryotherapy		



Privilege Requested	Date Requested	Date Approved
Laser therapy		
Intraocular injection of pharmacological agents		
Pterygium excision		
Other conjunctival lesion excision/biopsy		
Conjunctival autograft harvesting and		
transplantation		
Amniotic membrane grafting		
Ocular surface reconstruction		
Strabismus surgery (including extraocular muscle recession, resection, plication, extirpation, and/or transposition)		
Therapeutic use of botulinum toxin		
chemodenervation (including in extraocular muscles, retrobulbar injection, or periorbital/brow/eyelid injection)		
Eyelid/brow repair/reconstruction		
Nasolacrimal duct or other lacrimal surgery		
Ptosis repair		
Blepharoplastyho		
Skin graft harvesting and transplantation		
Entropion/ectropion repair		
Tarsorrhaphy		
Enucleation		
Evisceration		
Orbitotomy		
Orbital fracture repair		
Brow lift		
Cataract extraction with or without IOL placement, simple or complex		
Anterior or pars plans vitrectomy		
QUALIFICATIONS FOR RETINA AND VITREOUS SURGERY		
Criteria: Successful completion of an ACGME or AOA-accredited residency in ophthalmology followed by successful completion of a fellowship in vitreo-retinal surgery OR the equivalent in training and experience. Procedures include, but are not limited to, closed system vitrectomy including peeling epiretinal or sub-retinal membranes, pneumatic retinopexy, scleral buckle procedures,		



Privilege Requested	Date Requested	Date Approved
and removal of posterior segment foreign bodies (magnetic or non-magnetic).		
Corneal transplantation		
Anterior segment A.R.C. laser*		
Synechiolysis		
Open globe repair		
Eyelid laceration repair		

## \*Laser Therapy

**Initial Privileges:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved eight (8) to ten (10) hour minimum CME course, which included training in laser principles and a minimum of six (6) hours observation and hands-on experience with lasers. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) laser procedures in the past 24 months.

**Renewal of Privileges:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum of five procedures have been performed over the past 36 months in order to maintain active privileges for laser use.

## Acknowledgement of requesting practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at The Ambulatory Surgical Center (ASC) at LBJ.

I understand that in exercising any clinical privileges granted, I am constrained by The Ambulatory Surgical Center (ASC) at LBJ's Policies and Procedures, including the ASC's Medical Staff Bylaws.

Practitioner Name:	Date:
Practitioner Signature:	
Recommendation for Approval:	
Medical Executive Committee Chair	Date:



# **Ambulatory Surgical Center at LBJ Governing Body**

# Thursday, May 23, 2024

## Consideration of Approval of Changes to the OBGYN Clinical Privileges

A request was made from the last American Association for Accreditation of Ambulatory Surgery Facilities (AAAHC) survey to include the specific type of laser with the privileging criteria utilized at the Ambulatory Surgical Center at LBJ.

## Revisions to the OBGYN Delineation of Privileges (DOP) form include:

• Specific type of Laser with the privileging criteria utilized at ASC

The ASC Medical Executive Committee approved the revisions to the OBGYN Clinical Privileges and requests the approval of the Ambulatory Surgical Center at LBJ Governing Body.



## Record of Clinical Privileges Requested and Approved

### **ASC - Obstetrics and Gynecology**

Please check <u>each</u> box for the privileges you are requesting to perform at The Ambulatory Surgical Center (ASC) at LBJ. **Do not** check the first box and draw a line to request all of the below privileges.

### **QUALIFICATIONS FOR OBSTETRICS AND GYNECOLOGY**

To be eligible to apply for privileges in Obstetrics and Gynecology, the initial applicant must meet the following criteria:

Successful completions of an Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA) – accredited residency in Obstetrics and Gynecology,

#### **AND**

Specialty Board Certified/eligible in Obstetrics and Gynecology by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

#### AND

**Required Current Experience**: At least adequate volume of urological procedures as reflective in the Bylaws, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges:** To be eligible to renew privileges in urology the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience as reflected in the Bylaws with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing performance data review (OPDR) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges

ASC

Privilege Requested	Please check the privilege(s) requested	MEC Chair Approval Date
Adhesiolysis		
A.R.C. Laser *		
Aspiration of simple adnexal cysts		
Biopsy of vulva and/or perineum		
Chromotubation oviduct		
Colpocleisis		
Colposcopy		
Conization of cervix (cold knife and loop electrode excision)		
Destruction of female genital lesions		
Diagnostic laparoscopy		
Dilation and curettage (both non-obstetric and obstetric)		
Endometrial resection and/or ablation		
Examination Under Anesthesia (EUA)		
Fallopian tube cannulation		



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	Please check the privilege(s)	MEC Chair
Privilege Requested	requested	Approval Date
QUALIFICATIONS FOR REPRODUCTIVE	•	••
ENDOCRINOLOGY  To be eligible to apply for core privileges in reproductive		
endocrinology, the initial applicant must meet the		
following criteria:		
Meet criteria for obstetrics and gynecology above, plus an		
American Board of Obstetrics and Gynecology (ABOG)- or an		
American Osteopathic Association (AOA)- approved fellowship in reproductive endocrinology. 1. Infertility and		
endocrine evaluation including diagnosis and treatment of		
hirsutism, amenorrhea, hyperprolactinemia 2. Operative and diagnostic hysteroscopy including myomectomy, polypectomy,		
lysis of adhesions, septoplasty and tubal cannulation 3. Perform		
history and physical exam.		
Hysterorraphy non-obstetrical		
Hysteroscopic adhesiolysis, myomectomy, polypectomy and/or septum resection		
Hysteroscopy (both diagnostic and operative)		
Incision and drainage of vulvovaginal abscesses		
Insertion/removal of intrauterine device		
Labia reduction		
Laparoscopic or open salpingectomy, cystectomy, and/or oophorectomy		
Linear salpingostomy for ectopic pregnancy		
Marsupialization bartholin's gland cyst		
Midurethral sling procedures		
Mini-laparotomy		
Neosalpingostomy		
Occlusion fallopian tube (both hysteroscopic and		
laparoscopic)		
Ovarian biopsy		
Perineorraphy		
Repair of rectocele, enterocele, cystocele		
Retropubic urethropexy		
Total laparoscopic hysterectomy		
Urethral bulking agent injection		
Vaginal hysterectomy		
Vaginal cystectomy		
Wide local excision/simple vulvectomy		



## \*Laser Therapy

**Initial Privileges:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved eight (8) to ten (10) hour minimum CME course, which included training in laser principles and a minimum of six (6) hours observation and hands-on experience with lasers. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) laser procedures in the past 24 months.

**Renewal of Privileges:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum of five procedures have been performed over the past 36 months in order to maintain active privileges for laser use.

## Acknowledgement of requesting practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at The Ambulatory Surgical Center (ASC) at LBJ.

I understand that in exercising any clinical privileges granted, I am constrained by The Ambulatory Surgical Center (ASC) at LBJ's Policies and Procedures, including the ASC's Medical Staff Bylaws.

Practitioner Name:	Date:	
Practitioner Signature:		
Recommendation for Approval:		
Medical Executive Committee Chair	Date:	



# **Ambulatory Surgical Center at LBJ Governing Body**

# Thursday, May 23, 2024

## Consideration of Approval of Changes to the Urology Clinical Privileges

A request was made from the last American Association for Accreditation of Ambulatory Surgery Facilities (AAAHC) survey to include the specific type of laser with the privileging criteria utilized at the Ambulatory Surgical Center at LBJ.

## Revisions to the Urology Delineation of Privileges (DOP) form include:

• Specific type of Laser with the privileging criteria utilized at ASC

The ASC Medical Executive Committee approved the revisions to the Urology Clinical Privileges and requests the approval of the Ambulatory Surgical Center at LBJ Governing Body.



#### **Record of Clinical Privileges Requested and Approved**

#### **ASC** - Urology

Please check **each** box for the privileges you are requesting to perform at The Ambulatory Surgical Center (ASC) at LBJ. **Do not** check the first box and draw a line to request all of the below privileges.

## **QUALIFICATIONS FOR UROLOGY**

To be eligible to apply for privileges in urology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in urology.

#### AND

Specialty board certification/eligible in urology by the American Board of Urology or the American Osteopathic Board of Urology.

#### **AND**

**Required Current Experience:** At least adequate volume of urological procedures as reflective in the Bylaws, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges:** To be eligible to renew privileges in urology the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience as reflected in the Bylaws with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing performance data review (OPDR) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Privilege Requested	Please check the privilege(s) requested	MEC Chair Approval Date
Biopsy of Prostate		
Circumcision or Repair of Circumcision		
Cystoscopy		
Cystoscopy, intravenously botulinum toxin injection		
Cystoscopy Ureteral Stent Placement		
Cystoscopy with Biopsy		
Cystoureteroscopy with Lithrotripsy		
Cystourethroscopy		
Cystourethroscopy and/or Resection of Bladder Tumors		
Cystourethroscopy with Dilation of Bladder or Dilation of Urethral Stricture with or without Meatotomy		
Cystourethroscopy with Fulguration with or without Lumenis Laser*		
Cystourethroscopy with Removal of Foreign Body, Calculus/Stone or Ureteral Stent		
Diagnostic Laparoscopy		
Dilate Urethra		

1



Duivilla va Danua eta d	Please check the privilege(s)	MEC Chair
Privilege Requested  Drainage/Incise Bladder	requested	Approval Date
Excision lesion spermatic cord		
Explore Scrotum		
Extracorporal Shock Wave Lithotripsy		
Fragmenting of Kidney Stone		
Hypospadius Repair		
Hydrocelectomy		
Implant/Revise/Remove Neuroreceiver		
Injection of male & female urethra with collagen		
Lithotripsy		
Lumenis Laser/Destruction/Biopsy Penis/Testes Lesion*		
Litholapaxy		
Lysis of Labial Lesions		
Male and female suburethral slings		
Orchiectomy		
Orchiopexy		
Percutaneous Implantation of Neurostimulator Electrodes		
Preputial Stretching		
Prostatectomy (TURP)		
Pubovascular sling		
Relieve Bladder Contracture		
Remove Epididymis, Sperm Duct or Hydrocele		
Remove/Replace ureteral stent		
Repair Bladder Defect		
Repair/Reduce Inguinal Hernia		
Revise Spermatic Cord Veins		
Revise/Repair Sling Repair		
Revision of Bladder Neck		
S.crotal lesion or mass excision		
Spermatocele		
Spermatocelectomy Suprapubic tube placement		
Surgery of the Penis		
Testicular Prosthesis		_
Treatment of Urethral Lesion		



Privilege Requested	Please check the privilege(s) requested	MEC Chair Approval Date
Ultrasonic Lithotripsy	requesteu	Approvai Date
Ureteral Surgery		
Ureteroscopy		
Urethral Diverticulectomy		
Urethral Surgery Urethrocutaneous fistula excision		
Varicocele Excision		
Varicocelectomy		
Vas Deferens/Epididymid Surgery		
*Laser Therapy Initial Privileges: Successful completion of an approved residency in a spin laser principles or completion of an approved eight (8) to ten (10) h training in laser principles and a minimum of six (6) hours observat Practitioner agrees to limit practice to only the specific laser types for white training and experience.	our minimum CME co ion and hands-on ex	ourse, which included perience with lasers.
<b>Required Current Experience:</b> Demonstrated current competence and (5) laser procedures in the past 24 months.	evidence of the perfor	mance of at least five
<b>Renewal of Privileges:</b> Laser privileges must be reviewed with each remust document that a minimum of five procedures have been performed maintain active privileges for laser use.		
Acknowledgement of requesting practitioner:		
I have requested only those privileges for which by education, training, conception performance I am qualified to perform and for which I wish to exercise at LBJ.		
I understand that in exercising any clinical privileges granted, I am constr (ASC) at LBJ's Policies and Procedures, including the ASC's Medical Sta		ory Surgical Center
Practitioner Name: Da	te:	
Practitioner Signature:		
Recommendation for Approval:		
Medical Executive Committee Chair	te:	

9/2016; 05/09/2024



# **Ambulatory Surgical Center at LBJ Governing Body**

# Thursday, May 23, 2024

Consideration of Approval of Changes to the Otolaryngology Clinical Privileges

A request was made from the last American Association for Accreditation of Ambulatory Surgery Facilities (AAAHC) survey to include the specific type of laser with the privileging criteria utilized at the Ambulatory Surgical Center at LBJ.

## Revisions to the Otolaryngology Delineation of Privileges (DOP) form include:

• Specific type of Laser with the privileging criteria utilized at ASC

The ASC Medical Executive Committee approved the revisions to the Otolaryngology Clinical Privileges and requests the approval of the Ambulatory Surgical Center at LBJ Governing Body.



### **Record of Clinical Privileges Requested and Approved**

## **ASC - Otolaryngology**

Please check <u>each</u> box for the privileges you are requesting to perform at The Ambulatory Surgical Center (ASC) at LBJ. **Do not** check the first box and draw a line to request all of the below privileges.

#### QUALIFICATIONS FOR OTOLARYNGOLOGY

To be eligible to apply for privileges in Otolaryngology, the initial applicant must meet the following criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in Otolaryngology.

#### AND

Specialty board certification/eligible in Otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology.

#### AND

**Required Current Experience:** At least adequate volume of urological procedures as reflective in the Bylaws, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges:** To be eligible to renew privileges in urology the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience as reflected in the Bylaws with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing performance data review (OPDR) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Duivillana Danusatad	Please check the privilege(s)	MEC Chair
Privilege Requested	requested	Approval Date
Amputation external ear CO2 A.R.C. laser ablation of tumor		
(larynx/pharynx/oral cavity) *		
Endoscopic sinus surgery		
Excision/destruction nasal lesion		
Excision lesion external auditory canal		
Excision parotid tumor		
Excision thyrogloddal duct/cyst/sinus		
Excision tumor neck soft tissue		
Cartilage graft ear		
Cartilage graft nasal		
Incision tympanic membrane		
Laryngoscopy		
Myringoplasty		
Myringotomy w/wo tubes		
Palatoplasty		
Parathyroidectomy		
Reconstruct external auditory canal		



Privilege Requested	Please check the privilege(s) requested	MEC Chair Approval Date
Remove foreign body auditory canal		
Repair nasal vestibule		
Resection nasal turbinates		
Rhinoplasty major/minor		
Septoplasty		
Stapedectomy/Stapedotomy		
Thyroidectomy		
Tympanoplasty w/wo mastoidectomy, w/wo ossicle reconstruction		
Tonsillectomy & adenoidectomy		

#### \*Laser Therapy

**Initial Privileges:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved eight (8) to ten (10) hour minimum CME course, which included training in laser principles and a minimum of six (6) hours observation and hands-on experience with lasers. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) laser procedures in the past 24 months.

**Renewal of Privileges:** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum of five procedures have been performed over the past 36 months in order to maintain active privileges for laser use.

### Acknowledgement of requesting practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at The Ambulatory Surgical Center (ASC) at LBJ.

I understand that in exercising any clinical privileges granted, I am constrained by The Ambulatory Surgical Center (ASC) at LBJ's Policies and Procedures, including the ASC's Medical Staff Bylaws.

Practitioner Name:	Date:	
Practitioner Signature:		
r ractitioner digitature.		
Recommendation for Approval:		
	Date:	
Medical Executive Committee Chair		



# **Ambulatory Surgical Center at LBJ Governing Body**

## Thursday, May 23, 2024

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

As part of the regulatory requirements of the Ambulatory Surgical Center (ASC), the Governing Body is to review and approve the ASC's policies annually.

Please find a summary of the policy changes.

- Policy ASC-P-1009 (New policy)
- Policy ASC-P-1011 (New policy)
- Policy ASC-P-4005 (Changes throughout policy)
- Policy ASC-P-5004 (Modification)
- Policy ASC-P-6014 (*Changes throughout policy*)
- Policy ASC-P-6017 (Updated)
- Policy ASC-P-6019 (New policy)



# Ambulatory Surgical Center at LBJ Governing Body

Thursday, May 23, 2024

## **Executive Summary**

Listed below is a summary of the new and amended policies.

- Policy ASC-P-1009 (New policy)
  - The policy includes criteria of treatment and needed equipment, supplies, and medications to treat a pediatric patient. ASC provides services to patients between the ages of ten (10) years old and seventeen (17) years old.
- Policy ASC-P-1011 (New policy)
  - New policy in reference to high alert medications.
- Policy ASC-P-4005 (Changes throughout policy)
  - Changes throughout policy. The policy is updated to reflect the process to address the impaired providers. To establish the guidelines to follow when a member of the Ambulatory Surgical Center (ASC) at LBJ's medical staff is or becomes incapacitated and impaired and the incapacity and/or impairment compromises the guality of patient care or patient safety.
- Policy ASC-P-5004 (Modification)
  - o Changes throughout policy.
- Policy ASC-P-6014 (Changes throughout policy)
  - o Reference changes and addition of Section VI.
- Policy ASC-P-6017 (Updated)
  - o Updated sections B, E, F and references.
- Policy ASC-P-6019 (New policy)
  - o The policy includes the processes for safely performing ESWL procedures in the ASC.

#### Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-1009 Page Number: 1 of 5

Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: PEDIATRIC ANESTHESIA

PURPOSE: To specify the parameters that the Ambulatory Surgical Center (ASC) at LBJ

uses to determine whether the Ambulatory Surgical Center (ASC) at LBJ will treat and provide anesthesia to a particular pediatric patient and to specify the process the Ambulatory Surgical Center (ASC) at LBJ follows for the

appropriate evaluation and management of its pediatric patients.

#### POLICY STATEMENT:

The Ambulatory Surgical Center at LBJ will provide safe anesthesia care to pediatric patients more than ten (10) years of age.

#### POLICY ELABORATIONS:

#### I. DEFINITIONS:

A. **PEDIATRIC PATIENT:** A patient who is between the ages of tenone (1)(10) years old and seventeen (17) years old. Patients between the ages of one (1) and nineten (910) years old will receive anesthesia care from a pediatric anesthesia provider. Other pPediatric patients will receive anesthesia care from an anesthesia provider.

## II. GENERAL GUIDELINES:

- A. For a Pediatric Patient to receive treatment at the ASC, the following criteria must be satisfied:
  - The Pediatric Patient must receive a score of one (1) or, two (2), or three (3) on the American Society of Anesthesiology (ASA) physical status scores.
  - If a Pediatric Patient receives a score of three (3) on the ASA physical status score, then the Medical Director and the anesthesia provider must jointly decide whether to perform the surgery on that patient.
- B. All Pediatric Patients must be screened prior to surgery in the Preoperative Screening Clinic to ensure that the Pediatric Patient meets the above stated criteria regarding <a href="https://doi.org/10.1007/jhs.com/html/">https://doi.org/10.1007/jhs.com/html/</a> ASA physical status and age. In addition,

Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-1009 Page Number: 2 of 5

Effective Date: 4/13/2017 Board Motion No: n/a

the following information must be acquired and documented prior to the Pediatric Patient's surgery:

- 1. Drug allergies;
- 2. Recent or current illness;
- 3. Major illnesses or congenital defects;
- 4. Previous hospitalizations, surgeries, sedations, and anesthesia;
- 5. Previous problems with anesthesia and/or sedation;
- 6. Current medication use (including opioid and sedative use within the past 24 hours);
- 7. Weight;
- 8. Assessment for risk of airway compromise; and
- Respiratory and cardiovascular status which may include findings from heart and lung auscultation and other physical findings as appropriate.; and

Gestational age at birth for Pediatric Patients less than three (3)
years old. Children who were born premature (less than 37 weeks)
have to be over 55 weeks post conception at the time of surgery in
order to qualify for surgery at the ASC.

## **IV.III.** EQUIPMENT:

- A. There will be a dedicated pediatric equipment cart stored in the ASC. The cart will be readily available in the operating room for each case involving a Pediatric Patient.
- B. For emergencies, the ASC will also have a dedicated pediatric crash cart readily available in the ASC, including pediatric defibrillator paddles.

#### Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-1009 Page Number: 3 of 5

Effective Date: 4/13/2017 Board Motion No: n/a

vasoactive resuscitative drugs and dantrolene sodium in appropriate pediatric doses.

- C. The additional following items should be available:
  - 1. Airway equipment for all ages of pediatric patients admitted to the facility, including ventilation masks, laryngealsupraglottic mask airways, endotracheal tubes, oral and nasopharyngeal airways, and laryngoscopes with pediatric blades;
  - Positive-pressure ventilation systems appropriate for infants and children;
  - 3. Devices for the maintenance of normothermia (e.g., warming lamps, circulating warm-air devices, room thermal regulation capability, airway humidifies and fluid warming devices);
  - 4. Intravenous fluid administration equipment, including pediatric volumetric fluid administration devices, intravascular catheters in all pediatric sizes and devices for intraosseous fluid administration;
  - Noninvasive monitoring equipment for the measurement of blood pressure, pulse oximetry, capnography, anesthetic gas concentrations, inhaled oxygen concentration, electrocardiography and temperature as per ASA standards;
  - Specialized equipment for the management of the difficult pediatric airways by a variety of techniques for airway control, intubation and

Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-1009 Page Number: 4 of 5

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ventilation, including but not limited to specialized intubating devices and emergency cricothyrotomy sets; and

6-7. Pediatric-sized needles and an ultrasound machine for regional anesthesiaets.

## ₩.IV. POST ANESTHESIA CARE UNIT (PACU):

A. There will be a dedicated pediatric area in the PACU with the equipment needed to attend to a Pediatric Patient. This equipment will include:

0. Crib;

0. Monitor with appropriate pediatric cables/NIBP-connections;

0. Pediatric Ambu® bag;

0. Pediatric rebreather mask;

0. Electrolytes (e.g., Pedialyte®)

0. Sweet-Ease®; and

0. Pacifier.

<u>L.A.</u> There will be a PALS certified PACU nurse in the PACU when a Pediatric Patient is in the PACU.

## REFERENCES/BIBLIOGRAPHY:

AAAASF § 1000.010.000

AAAASF § 1000.010.005

AAAASF §1000.029.014AAAHC Deemed Status Handbook v42

file:///C:/Users/walther/Downloads/statement on practice recommendations for pediatric-anesthesia%20(3).pdf

https://www.pediatrics.wisc.edu/sites/default/files/sedation-program/forms/UWCHPolicy8\_56.pdf

Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-1009 Page Number: 5 of 5

Effective Date: 4/13/2017 Board Motion No: n/a

## OFFICE OF PRIMARY RESPONSIBILITY:

Ambulatory Surgical Center (ASC) at LBJ

## **REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ (Indicate Revised)	Revision Reviewed	Date or	Approved by:
4/13/2017	1.0				The Ambulatory Surgical Center (ASC) Governing Body

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Due For Review: 02/13/2027

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### POLICY AND REGULATIONS MANUAL

TITLE: HIGH ALERT MEDICATIONS

PURPOSE: To improve patient safety at the Ambulatory Surgical Center (ASC) at LBI by

heightening the awareness of safe practices associated with High Alert

Medications.

### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ, through the implementation of the measures outlined below, Lidentifying high alert medications and developing processes to handle them appropriately, is done to help prevent adverse drug events and ensure medication use safety. Medications identified as being "high alert" shall be managed using the recommendations and procedures outlined in this policy to increase awareness of high alert medications.

### **POLICY ELABORATIONS:**

### I. DEFINITIONS:

- A. **DUAL SIGN-OFF**: A process in which two individuals as specifically listed in the special handling sections of Appendix A of this policy do an independent double check and then both sign off in the Medication Administration Record (MAR) (electronic or paper) that all components are correct.
- B. **HIGH ALERT MEDICATION**: Medications that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients.
- C. **INDEPENDENT DOUBLE CHECK**: A procedure in which two licensed healthcare practitioners separately check (alone and apart from each other, then

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### POLICY AND REGULATIONS MANUAL

compare results) each component of prescribing, dispensing, and verifying the high alert medication before administering it to the patient.

- D. **PRESCRIBER**: Individual who is allowed to prescribe medications within the state of Texas and has been granted medical staff privileges by the ASC at LBJ Harris Health System. For this policy, this definition is limited to individuals with the following credentials:
  - 1. MD- Medical Doctor
  - 2. DO Doctor of Osteopathy
  - 3. DDS Doctor of Dental Surgery
  - 4. DMD Doctor of Dental Medicine
  - 5. Therapeutic Optometrist (OD) may prescribe any drug as authorized by Section 351.358(a) and (b)(1) of the Texas Optometry Act. Therapeutic Optometrist may not administer or prescribe an oral or parenteral medication to treat glaucoma unless the therapeutic optometrist holds an optometric glaucoma specialist certification from the Texas Optometry Board.
  - 6. Advance Practice Provider (APP) who issues medication orders or prescriptions under written protocol from a supervising medical doctor or doctor of osteopathy who is a member of Harris Health's Medical the ASC at LBI Staff such as:
    - b. Physician Assistant (PA)
    - e.a. Advance Practice Registered Nurse (APRN)
    - d.b. Nurse Practitioner (NP)
    - e.c. Certified Registered Nurse Anesthetist (CRNA) (applies to medication orders only)

Certified Nurse Midwife(CNM)

Clinical Pharmacist

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E. RISK EVALUATION MITIGATION STRATEGY (REMS): A safety strategy implemented by the US Food and Drug Administration (FDA) to manage a known or potential serious risk associated with a drug or biological product and to enable patients to have continued access to such medicines by managing their safe use. The FDA requires REMS from manufacturers to ensure that the benefits of a drug or biological product outweigh its risks. REMS may be required by the FDA as a part of the approval of a new product, or for an approved product when new safety information arises.

F. **SOUND ALIKE/LOOK ALIKE DRUGS (SALAD)**: Medications with generic or proprietary names that look or sound like other medication names. In addition, these medications may look similar because of packaging or other product labeling.

### H. SCOPE:

This policy shall be applicable to the Ambulatory Surgical Center (ASC)all Harris Health locations.

### IIH. GENERAL:

- A. <u>Identifying High Alert Medications:</u>
  - 1. The Harris Health System Department of Pharmacy shall identify on an annual basis High Alert Medications from the Harris Health—ASC at LBJ specific data, literature sources, patient-safety organizations, and regulatory standards. The list of High Alert Medications shall be referred to the Pharmacy & Therapoutics Committee for final approval.
  - 2. High Alert Medications may include but not limited to controlled medications, investigational drugs, medications with a narrow therapeutic range, psychotherapeutic medications, sound alike/look alike drugs

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### POLICY AND REGULATIONS MANUAL

(SALAD), new medications on the market or newly added to the Harris Health's ASC at LBI formulary.

### B. High Alert Medication List:

A list of High Alert Medications (see Appendix A) which require special procedures shall be maintained to reduce the risk of errors and minimize harm related to:

- 1. Storage, preparation, labeling, and delivery:
- 2. Prescribing (order entry):
- 3. Prescription/Order Processing:
- 4. Administration; and
- 5. Patient Monitoring.
- C. Pharmacy shall maintain clearly labeled, segregated storage bins for high alert medications in the pharmacy.
- D. The Automatic Dispensing Cabinet (ADC) shall alert the individual removing the medication that the medication is a High Alert medication.
- E. High Alert medications dispensed from pharmacy (i.e., not in the ADC) shall be clearly identified as labeled with a "High-Alert" medication label.
- F. A list of SALAD shall also be maintained (see Appendix B).

The following shall be followed for SALAD:

- 1. Shall be stored apart from each other and in a separate location within pharmacy / automated dispensing cabinets (ADCs);
- 2. Look-alike name pairs will be distinguished using TALL MAN letters;

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### POLICY AND REGULATIONS MANUAL

No verbal or new telephone orders shall be accepted for chemotherapy or SALAD except during emergency situations or for order clarification as outlined in Harris Health System Policies 7.31 Patient Care Orders and 581.00 Prescribing and Processing of Chemotherapy Orders and Prescriptions;

Physicians are encouraged to write an indication for all medications.

D.G. Pharmacy purchasing shall make an effort to avoid purchasing products that look alike and switch to more distinct packaging, if possible. Independent double check requirements can be found in the special handling section of each drug or drug class in the attached appendices.

-Aseptic technique shall be used to prepare and administer medications per-ASC-P-1003<del>Harris Health System Policy 565.00</del> Medication Administration.

REMS medications will be handled in accordance with Harris Health System Policy 592.00 Risk Evaluation and Mitigation Strategy Policy

See appendix C of this policy for Guidelines For The Administration Of Intravenous Potassium.

<u>H.</u>	
<del>Appendix</del>	<del>Title</del>
A	High Alert Medications Special Handling
₽	List of Sound Alike/Look Alike Drug Name Pairs with Tall Man
	<del>Lettering</del>
E	Guidelines for the Administration of Intravenous Potassium

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### POLICY AND REGULATIONS MANUAL

### REFERENCES/BIBLIOGRAPHY:

Institute of Safe Medication Practices List of High Alert Medications in Acute Care Settings, 2018 <a href="https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf">https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf</a>

Institute of Safe Medication Practices Canada Safety Bulletin. Neuromuscular Blocking Agents: Sustaining Packaging Improvements Over Time (Fall 2014). Alberta RN. 70(3):18-21.

Harris Health System ASC-Policy 5030.00 Adverse Drug Event Reporting and Monitoring Harris

Health System Policy 565.40 Medication Storage, Labeling and Disposal

Harris Health System Policy 565.50 Administration of Cytotoxic Chemotherapy and Biotherapy Agents

Harris Health System Policy 581.00 Prescribing and Processing of Chemotherapy Orders and Prescriptions

Harris Health System Policy ASC-Policy 6008582.00 Management and Accountability of Controlled Substances

Harris Health System Policy 582.10 Patient Controlled Analgesia

Harris Health System Policy 585.00 Investigational Drug Orders and Prescriptions Harris

Health System Policy 592.00 Risk Evaluation and Mitigation Strategy Policy Harris Health System Policy 7.31 Patient Care Orders

ASC-Policy-1000 Acute Pain Management Harris Health System Policy 412 Pain Assessment and Reassessment Harris Health System

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### POLICY AND REGULATIONS MANUAL

Harris Health System Form 284445 Anticoagulation Transition Chart

42 CFR §482.25 - Condition of Participation: Pharmaceutical Services §482.25 (a)(1)

Cornish, P., Hyland, S., Kocsmara, C. (2007). Enhancing safety with potassium phosphates injection, Institute for Safe Medication Practices Canada, 18(4), 34-36.

Reeve, J.F. & Allinson, Y.M. (2005). High-risk medication alert: intravenous potassium chloride, Australian Prescriber, 28, 14-16.

Tubman, M., Majumdar, S., Lee, D., Klassen, T.P. (2005). Best practices for safe handling of products containing concentrated potassium, British Medical Journal, 331, 274-277.

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Lexicomp (2019) Wolters Kluwer Health Clinical Drug Information, Inc. Available at http://online.lexi.com/action/home Accessed 11/27/2019.

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ Harris Health System Department of Pharmacy

### **REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	<u>1.0</u>		The Ambulatory Surgical Center (ASC) at LBJ Governing Body

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### HARRISHEALTH AMBULATORY SURGICAL CENTER AT LBJ SYSTEM

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### POLICY AND REGULATIONS MANUAL

### **APPENDIX A HIGH ALERT MEDICATION SPECIAL HANDLING**

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00/00/0000			
	I		

### Appendix A High Alert Medication Special Handling

DRUG CLASS	SPECIAL HANDLING		
Neuromuscular Blocking Agents	Examples: Cisatracurium Pancuronium Rocuronium Succinylcholin e Vecuronium	Selection/Procurement:     Look-alike packaging will be assessed on entry to the	

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organization by inventory staff.

### b. Storage/Labeling:

- Inside the pharmacy, neuromuscular blocking agents (NMBs) shall be segregated from all other medications by placing them in separate lidded containers in refrigerator or inventory storage area
- Outside of the pharmac y, neuromuscular blockers shall only be stored in kits/trays (e.g. RSI kits, anesthesia trays), intensive care units, operating room areas, radiology diagnostic procedure area and the emergency rooms (in these areas, store NMBs in kits or secure in ADC (e.g. lidded ADC pockets/drawers/cont ainers).
- Affix an auxiliary warning label (in addition to manufacturer's warnings) directly on

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all vials and/or other containers stocked in storage locations

- Place appropriate
   auxiliary labels on all
   final medication
   containers of NMBs
   including syringes
   and IV bags
   (exception:
   anesthesia-prepared
   syringes of NMBs)
- c. Ordering/Transcription:
  - Verbal orders for neuromuscular blockers are discouraged.
- d. Preparing/Dispensing:
  - Pharmacy will label all vials with warning stickers that alert that the medication is a paralyzing agent (e.g. "Caution Neuromuscular Blocker", "Paralyzing agent", "Warning: Paralyzing Agent – Causes Respiratory Arrest", etc.)
- e. Administration:

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blockers must be done in the presence of a prescriber.

Opiate/Narcotic

/
Controlled Substance epidurals, inf
usions, and PCAs

Examples: Hydromorphon e, Fentanyl, Midazolam

### . Selection/Procurement:

 Look-alike packaging will be assessed on entry to the organization by inventory staff.

 Initiation doses of neuromuscular

• Standardization of PCA and epidural preparations to be maintained by formulary management staff

### .-Storage:

- Controlled substances are to be stored in a secured area.
- Naloxone or an equivalent reversal agent shall be available in all areas where narcotics are used.

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### Preparing/Dispensing:

- Only standardized concentrations (premixed when available) will be prepared/dispensed
- Non-standard concentrations will be labeled with a concentration warning.

### . Administration:

- Portless tubing shall be used for administration of controlled substances
- Dual Sign-Off
  Required: Two nurses
  shall independently
  check the drug, drug
  line, dose, rate,
  concentration, route,
  and pump setting of a
  PCA, Epidural, and
  Narcotic Drip prior to
  administration.
- Dual sign-off documentation in the Medication

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Administration Record is required.

- Waste disposal shall be handled according to the Management and Accountability of Controlled Substances Policy 582.00
- Assessment of the patient's pain shall follow the steps outlined in the Pain Assessment and Reassessment Policy 412.

Anticoagulants and Thrombolytics

Warfarin

- a. Selection/Procurement:
  - Every effort will be made to ensure product consistency
- b. Preparing/Dispensing:
  - Pharmacy shall dispense warfarin tablets in exact patient doses.
  - Baseline laboratory values (e.g. PT/INR)

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will be assessed prior to dispense.

- c. Administration:
  - Nursing shall not split warfarin tablets.
  - When feasible, all inpatient warfarin doses shall be administered at seventeen hundred (1700) as per Harris Health Standard Medication Administration Time Policy.
  - Verification of baseline labs including PT/INR.

Direct Oral Anticoagulants (DOACs) and Factor Xa Inhibitors:

Examples: rivaroxaban, apixaban, dabigatran, fondaparinux

- a. Selection/Procurement:
  - Every effort will be made to ensure product consistency
- b. Preparing/Dispensing:
  - Pharmacy staff shall dispense tablets in exact patient doses.
  - Baseline laboratory values (e.g. renal

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function) shall be assessed prior to dispensing.

- c. Ordering/Transcription:
  - If available, order sets shall be the preferred order mode for these medications
  - The Anticoagulation **Transition Chart** (Form #284445) is available as a reference for transitioning between anticoagulants
- d. Administration
  - Administer with meals if appropriate

Heparin vials and infusions

Alteplase and tenecteplase Infusions

- a. Selection/Procurement:
  - Look-alike packaging will be assessed on entry to the organization by inventory staff.
  - Every effort will be made ensure product consistency

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### b. Storage:

- Heparin bags will be stored apart from Hespan.
- Heparin vials will be stored apart from insulin.
- Vials will additionally not be available in automated dispensing cabinets in neonatal and pediatric areas.
- c. Preparing/Dispensing:
  - Only standardized concentrations (premixed when available) will be prepared/dispensed
  - Non-standard concentrations will be labeled with a concentration warning.
  - Baseline laboratory values (e.g. PTT) will be assessed prior to dispensing.
- d. Ordering/Transcription:

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- If available, order sets shall be the preferred order mode for these medications
- The Anticoagulation Transition Chart (Form# 284445) is available as a reference for transitioning between anticoagulants
- e. Administration:
  - Bolus heparin doses are to be given from a heparin vial rather than modifying the rate of infusion.
  - Dual Sign-Off
    Required: Two
    clinicians (prescriber
    or nurse) shall
    independently check
    the drug, dose, rate,
    concentration, pump
    settings, and route
    prior to
    administration.
  - Dual sign-off documentation in the Medication Administration Record is required.

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Insulin

### Examples:

Regular, NPH, Glargine, Lispro, U-500 (concentrated insulin)

### a. Selection/Procurement:

- Look-alike packaging will be assessed on entry to the organization by inventory staff.
- Standardization of insulin preparations to be maintained by formulary management staff.

### b. Storage:

- Insulin vials will be stored apart from heparin vials.
- Insulin vials/pens will be stored as outlined in the Harris Health System Medication Storage, Labeling and Disposal Policy.

### c. Preparing/Dispensing:

- Only standardized concentrations will be prepared/dispensed
- Non-standard concentrations will be labeled with a

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concentration warning.

 Only U-500 insulin syringes shall be dispensed with U-500 insulin vials

### d. Ordering/Transcription:

- If available, order sets shall be the preferred route to order these medications
- The U-500 insulin and syringe orders or order panel shall be used to order U-500 insulin or syringes

### e. Administration:

- Subcutaneous or intravenous push doses of insulin are to be administered using an insulin syringe.
- A U-500 insulin syringe shall be used for administering U-500 insulin orders.
- Dual Sign-Off Required: Two nurses shall independently

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check the drug, dose, rate, concentration, pump settings, and route prior to administration of subcutaneous, intravenous push and infusions of insulin.

- Dual sign-off in the Medication Administration Record is required.
- Appropriate rules for mixing of insulins should be followed.
- f. Hospital at Home (HaH):
  - Dual Sign-Off
    Required: Two nurses
    shall independently
    check the drug, dose,
    concentration, and
    route prior to
    administration of
    subcutaneous insulin.
    One of the two nurses
    may perform the
    independent check
    virtually.
  - U-500 insulin, insulin infusions, or intravenous push insulin will not be

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utilized in the HaH setting.

**Intrathecal Medication** 

Examples:
Cytarabine
Methotrexate
Thiotepa
Gentamyoin
Vancomyoin
Hydrocortisone

.—Preparing/Dispensing:

- Pharmacy will label medications ordered to be given intrathecally with special labeling on the syringe and bag.
- Medication used must be preservative free
- . Ordering/Transcription:
  - Verbal orders for Intrathecal medications shall not be accepted
- Administration:
  - Verify baseline labs prior to administration
  - Intrathecal medications are only to be given by a physician
  - Dual Sign-Off
     Required: physician
     administering

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medications with another licensed clinician such as another physician or nurse shall independently check the drug, dose, rate, concentration, pump settings, and route prior to administration.

 Dual sign-off with the administering physician in the Medication Administration Record is required.

Chemotherapy

- a. Selection/Procurement:
  - Look-alike packaging will be assessed on entry to the organization by inventory staff.
- b. Storage:
  - Chemotherapy agents will be stored apart from other nonchemotherapeutic drugs.

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### c. Ordering/Transcription:

• Verbal or telephone orders for chemotherapy shall not be accepted. Orders must include a height, a weight, the dosing calculation, and the therapeutic indication. Follow ordering transcription process as outlined in Policy and Procedures 581.00 Prescribing and Processing of Chemotherapy Orders.

### d. Preparing/Dispensing:

- All orders for chemotherapy shall be independently verified by two licensed pharmacists
- All doses shall be labeled with a special chemotherapy warning sticker
- Lab values must be verified prior to dispensing

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### e. Administration:

- Dual Sign-Off
  Required: Two
  chemo-trained nurses
  shall independently
  check the drug, dose,
  rate, concentration,
  pump settings and
  route prior to
  administration.
- Dual sign-off documentation of such shall be done on the Chemotherapy Administration note in the outpatient setting and/or in accordance with the Administration of Cytotoxic Chemotherapy and Biotherapy Agents Policy 565.5.
- No chemotherapy agents shall be administered as intravenous push (IVP)

Electrolytes

IV Calcium Calcium Chloride,

a. Selection/Procurement:

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Calcium Gluconate  Look-alike packaging will be assessed on entry to the organization by inventory staff.

### b. Storage:

- Calcium vials containing more than 1 gram are stored in the pharmacy only.
- c. Ordering/Transcription:
  - The provider shall specify which salt form is desired (gluconate or chloride)
  - Calcium shall be ordered in grams.
- d. Preparing/Dispensing:
  - Only standardized concentrations (premixed when available) will be prepared/dispensed
  - Non-standard concentrations will be labeled with a concentration warning.

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### e. Administration:

Using a central line is recommended for ongoing administration of calcium chloride to prevent risk of extravasation. If a central line is not immediately available, it may be infused through a peripheral line.

### Intravenous Magnesium

### a. Selection/Procurement:

 Look-alike packaging will be assessed on entry to the organization by inventory staff.

### b. Storage:

 Magnesium vials and syringes greater than 1 g/2 mL should only be stored in the Pharmacy (Exceptions: With appropriate safeguards, it may be stored in certain areas that are

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deemed appropriate for specific indication including intramuscular injection in management of severe eclampsia)

- c. Ordering/Transcription:
  - Magnesium shall be ordered in grams.
- d. Preparing/Dispensing:
  - Only standardized concentrations (premixed when available) will be prepared/dispensed.
  - Non-standard concentrations will be labeled with a sticker.
- e. Administration:
  - Verify lab values and route prior to administration

Intravenous Phosphate salts

Potassium Phosphate

- a. Selection/Procurement:
  - Look-alike packaging will be assessed on entry to the

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### Sodium Phosphate

organization by inventory staff.

### b. Storage:

- Concentrated potassium or sodium phosphate vials shall not be dispensed from the Harris Health System Pharmacy (Pharmacy) or stocked in patient care areas outside Pharmacy.
- c. Ordering/Transcription:
  - Phosphate shall be ordered in millimoles only.
- d. Preparing/Dispensing:
  - Only diluted intravenous products shall be dispensed
  - The approved standardized concentration (premixed when available) will be prepared/dispensed
- e. Administration:

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- · Infusions of potassium solutions with a concentration greater than ten (10) mEq/one hundred (100) mL will require two (2) nurses to independently check the drug, dose, rate, concentration, pump settings, and route prior to administration and document in the Medication Administration Record.
- Intravenous potassium phosphate shall not be administered intravenous push (IVP).
- Verify lab values prior to administration
- See Appendix C: Guidelines for the Administration of Intravenous Potassium.

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Intravenous Potassium Chloride

- a. Selection/Procurement:
  - · Look-alike packaging will be assessed on entry to the organization by inventory staff.
- b. Storage:
  - Concentrated potassium chloride vials shall not be dispensed from the Pharmacy or stocked in patient care areas outside Pharmacy.
- c. Ordering/Transcription:
  - · Orders for intermittent infusions in neonatal patients must be co-signed by two (2) physicians
  - Ordering shall adhere to maximum allowable concentrations as outlined in Appendix C: Guidelines for the Administration of Intravenous Potassium.
- d. Preparing/Dispensing:

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- Potassium solutions shall only be admixed in the Pharmacy
- Only standardized concentrations (premixed when available) will be prepared/dispensed
- Non-standard concentrations will be labeled with a concentration warning
- e. Administration:
  - Verify lab values prior to administration
  - Intravenous potassium chloride shall not be administered intravenous push (IVP).
  - Intermittent potassium infusions must be administered via an infusion pump.
  - Infusions of potassium solutions with a concentration greater than ten (10) mEq/one hundred

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(100) mL will require two (2) nurses to independently check the drug, dose, rate, concentration, pump settings and route prior to administration and document in the Medication Administration Record.

See Appendix C: Guidelines for the Administration of Intravenous Potassium.

IV Hypertonic Sodium Chloride Examples: Sodium Chloride (2%, 3%, 5%, 23.4%)

### a. Selection/Procurement:

 Look-alike packaging will be assessed on entry to the organization by inventory staff.

### b. Storage:

 Hypertonic sodium chloride shall only be stored in the pharmacy.

c. Preparing/Dispensing:

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 Each bag or syringe shall be labeled to alert staff of increased concentration.

### d. Ordering/Transcription:

- Avoid the use of verbal orders; concentration must be included with the order.
- Sodium chloride
   23.4%
   CONCENTRATED
   injection shall ONLY
   be ordered by trained
   physicians in the
   critical care units and
   emergency
   department and must
   follow up with
   appropriate
   monitoring
- If available, order sets shall be the preferred route to order these medications.

### e. Administration:

- Verify lab values prior to administration
- Using a central line is recommended for

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ongoing administration to prevent risk of extravasation.

- When a central line is not immediately available, one single dose of 3% or 5% hypertonic sodium chloride solution may be infused through a peripheral line.
- sodium chloride
  23.4%
  CONCENTRATED
  injection shall ONLY
  be given via central
  line.
- sodium chloride
   23.4%
   CONCENTRATED
   injection shall ONLY
   be administered by
   trained physicians in
   the critical care units
   and emergency
   department and must
   follow up with
   appropriate
   monitoring
- Dual Sign-Off Required 2%, 3% 5%: Two nurses shall

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### POLICY AND REGULATIONS MANUAL

independently check the drug, dose, rate, concentration, pump settings if applicable, and route prior to administration

- Dual Sign-Off
  Required 23.4%: Two
  clinicians (a
  Physician and a
  Nurse) shall
  independently check
  the drug, dose, rate,
  concentration, pump
  settings if applicable,
  and route prior to
  administration
- Dual sign-off documentation in the Medication Administration Record is required. For sodium chloride 23.4% CONCENTRATED injection, a Nurse shall do the independent check sign off in the medication administration record and document physician's administration

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Board Motion No.

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## POLICY AND REGULATIONS MANUAL

sodium chloride 23.4% CONCENTRATED injection

#### Sodium Bicarbonate:

Adult: 8.4% (1 mEq/mL) Pediatric 4.2% (0.5 mEg/mL)

### a. Selection/Procurement:

- Look-alike packaging will be assessed on entry to the organization by inventory staff.
- b. Storage: The adult (8.4%) and pediatric (4.2%) syringes shall be stored separately in the pharmacy
- c. Preparing/Dispensing: Infusions of sodium bicarbonate shall be diluted prior to dispensing
- d. Ordering/Transcription:
  - If available, order sets shall be the preferred route to order these medications
- e. Administration:
  - Verify lab values prior to administration
  - Vesicant Avoid extravasation

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## POLICY AND REGULATIONS MANUAL

Diuretics

Mannitol

a. Selection/Procurement:

 Look-alike packaging will be assessed on entry to the organization by inventory staff.

b. Storage:

- Mannitol vials and bags shall be stored per manufacturer recommendations
- Storage in a warmer shall be handled as outlined in Policy 565.40 Medication Storage, Labeling and Disposal
- c. Preparing/Dispensing:
  - Each bag or syringe shall be labeled to alert staff of increased concentration.
- d. Ordering/Transcription:
  - If available, order sets shall be the preferred route to order mannitol

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POLICY AND REGULATIONS MANUAL

## e. Administration:

- Administration into a large central vein is recommended
- Vesicant Avoid extravasation
- Inspect for crystals prior to administration. If crystals present, redissolve by warming solution
- Use a 5 micron or smaller filter for administering infusion solutions containing mannitol 20% or greater

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## POLICY AND REGULATIONS MANUAL

### APPENDIX B

## $\underline{\sf LISTEXAMPLES}$ OF SOUND ALIKE/LOOK ALIKE DRUG NAME PAIRS WITH TALL MAN LETTERING

- 1. cloNIDine and KlonoPIN
- 2. vinBLAStine, vinCRIStine and vinORELbine
- 3. DOXOrubicin, DAUNOrubicin, and IDArubicin
- 4. concentrated liquid morphine and conventional morphine
- 5.1. morphine and **HYDRO**morphone
- 6. lamiVUDine and lamoTRIgine

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rifAMPin and rifAXIMin

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## POLICY AND REGULATIONS MANUAL

6. folic acid and folINIC acid (leucovorin)

8.2. CeleXA and CeleBREX

9.3. DOPamine and DOBUTamine

10.4. hydr**OXY**zine and hydr**ALAZINE** 

11. glucoPHAGE and glucoVANCE

12.5. amLODIPine and aMILoride

13. quiNIDine and quiNINE

14. glipiZIDE and glyBURIDE

15: Tdap and DTap (ADAcel and DAPTAcel)

16. RETROvir and RITONavir

17. sulfaSALAzine and sulfADIAZINE

18.6. mitoMYcin and mitoXANTRONE

19.7. levoFLOXacin and levETIRAcetam

20.8. dexAMETHasone and dexmedeTOMIDine

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21. predniSONE and prednisoLONE

22. inFLIXimab and riTUXimab

23. PACLitaxel and DOCEtaxel (also brand names Taxol and Taxotere)

24. CISplatin and CARBOplatin

## APPENDIX C

#### **GUIDELINES FOR THE ADMINISTRATION OF INTRAVENOUS POTASSIUM**

I. ROUTES OF ADMINISTRATION:

A. The enteral route is the preferred route of administration for all patients (adult, and pediatric) requiring potassium supplementation unless the patient's

avenous route of potassium should be used when any of the following medical conditions exists:

1. The patient is unable to tolerate or receive oral medications;

2. The patient is experiencing hypokalemia-associated dysrhythmias; or

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### POLICY AND REGULATIONS MANUAL

3. The patient is extremely hypokalemic [K+] less than 2.5 mmol per liter) and is at high risk for developing complications of worsening hypokalemia.

C. Intravenous (IV) potassium acetate, potassium chloride or potassium phosphate shall not be administered IV push.

D. Intermittent potassium infusions must be administered via an infusion pump.

**II.CONCENTRATIONS AND DOSING:** 

A. Adult Intermittent and Maintenance Potassium Infusion:

The following guidelines are for ordering potassium as an intermittent potassium infusion in adult patients:

1. Only approved standardized concentrations (premixed when available) will be prepared/dispensed:

2. KCl intermittent infusions shall be standardized to 10 mEq/100 mL and 20 mEq/100 mL solutions. Premixed bags will be used when availabl\*NOTE:

Infusions of potassium solutions with a concentration greater than 10 mEq/100 mL will require two nurses to independently check the drug dose and pump settings prior to administration and document in the Medication Administration

Record.

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## POLICY AND REGULATIONS MANUAL

mEq/L, 40 mEq/L and 60 mEq/L.

4. The following table outlines the standard and maximum allowable concentrations and rates of infusion for intravenous potassium in adult patients:

Infusion Type	Standard and	Maximum Rate of Infusion
	Maximum	
	Concentration of	
	<del>Potassium*</del>	
Maintenance, large	Standard: 20, 40 or 60	10 mEq/hour
volume IV fluids	mEq/L	
(peripheral line)		
	Maximum: 80 mEq/L	
Central TPN	Standard: Per patient	40 mEq/hour
	Maximum: 80 mEq/L	

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## POLICY AND REGULATIONS MANUAL

Intermittent Potassium Standard: 10 or 20
Infusion = Adult with mEq/100 mL

Routine: 10 mEq/hour

Maximum: 40

Continuous cardiae

mEq/100 mL (central line)

monitoring: 20 mEq/hour

Serum K+< 2.5 mmol/L and continuous cardiac

monitoring: 40 mEq/hour

Intermittent Potassium
Infusion -- Adult with

peripheral line

Central line

Standard: 10 or 20 mEq/100 mL 10 mEq/hour

Maximum: 10 mEq/100 mL

(peripheral line)

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## **HARRISHEALTH** SYSTEM

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### POLICY AND REGULATIONS MANUAL

B. Neonatal and Pediatric KCl Intermittent Infusions:

C. The following guidelines are for ordering potassium as a KCl infusion in the neonatal and pediatrie patients:

All orders for a KCl intermittent infus (2) prescribers;

2. Two (2) Neonatal Intensive Care Unit (NICU) nurses must review and cosign the Medication Administration Record prior to the administration of intermittent KCl infusions; and

The following table outlines the allowable concentrations and rates of infusion for neonatal and pediatric patients

### **NEONATES and PEDIATRICS**

Patients must be on a cardiac monitor when receiving IV potassium

Dose

For Serum Potassium (K+) < 2.5 mmol/L:

Dose = 0.5 = 1 mEq/kg/dose (Maximum dose: 10 mEq

per hour)

Infuse dose over 4 hours

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### POLICY AND REGULATIONS MANUAL

Intermittent IV Infusion

Peripheral Line Concentration: 0.06 mEq/mL

Central Line Concentration: 0.2 mEq/mL

Intravenous Maintenance

Peripheral and Central Lines Concentration: 0.06

Therapy

Oral Therapy

\*\*Preferred Route\*\*

Available as Potassium Chloride injection (2 mEq/mL)

Dose: 1 - 5 mEq/kg/day in divided doses

Do not exceed 1 - 2 mEq/kg as a single dose

\*Note: 1 mmol of potassium phosphate provides 1.5 mEq of potassium

4. The patient's current weight should be used for dosing.

5. The mEq/kg dose of potassium should be calculated for any amounts above the standard (2 mEq/100 mL) in the TPN.

6. IV intermittent doses should be given based on potassium levels

7. Follow-up labs should be obtained one (1) to two (2) hours after a KCl intermittent infusion or four

(4) to six (6) hours after an oral bolus dose

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## POLICY AND REGULATIONS MANUAL

Total potassium infusion rate (to include IV solutions and KCl intermittent infusion) should not exceed 1 mEq/kg/hour.

The maximum allowable IV potassium admixtures concentrations may be further diluted.

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## AMBULATORY SURGICAL CENTER AT LBJ

POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-4005 Page Number: 1 of 5

Effective Date: 8/5/16

TITLE: INCAPACITATED AND/OR IMPAIRED AND/OR IMPAIRED

**PROVIDERS** 

**PURPOSE:** To establish the guidelines to follow when a member of the Ambulatory Surgical

Center (ASC) at LBJ's medical staff is or becomes incapacitated and impaired and impaired and the incapacity and/or impairment and/or impairment

compromises the quality of patient care or patient safety.

### **POLICY STATEMENT:**

To protect the safety of patients, the Ambulatory Surgical Center (ASC) at LBJ has established a procedure to follow when an ASC medical staff member becomes or is incapacitated <u>and/or impaired</u> and compromises the quality of care provided to patients.

### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

**INCAPACITATED PROVIDER:** An ASC medical staff member who is unable to practice medicine because of a physical or mental illness that requires immediate medical attention.

IMPAIRED PROVIDER: An ASC medical staff member with a physical, behavioral or mental impairment that could affect their ability to perform their clinical privileges.

### II. PROCEDURE:

Workforce members may employ CUS. They are Concerned, They are Uncomfortable, and they recognize a Safety issue that they feel Stop the line is appropriate.

### A. Incapacitated Surgeon:

If the surgeon performing a patient's surgery becomes incapacitated due to a physical or mental illness that requires immediate medical attention during a patient's surgery/procedure, the following protocol must be followed:

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## AMBULATORY SURGICAL CENTER AT I

POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-4005 Page Number:  $2\ \mathrm{of}\ 5$ 

Effective Date: 8/5/16

The Incapacitated Provider must be assessed and given proper aid.

The operating room nurse will contact the charge nurse. The charge nurse will notify the anesthesiologist. If the charge nurse is not immediately available, the operating room nurse is responsible for contacting the anesthesiologist. The anesthesiologist will assess the provider and treat appropriately.

- b. If directed by the physician assessing the Incapacitated Provider, the nurse or his or her designee will call 911.
- After the Incapacitated Provider has been stabilized, the Medical Director must assess the patient. If the patient is stable, the Medical Director will attempt to locate another surgeon with the appropriate privileges and who is readily available and competent to complete the patient's interrupted surgery. If a surgeon with appropriate privileges is not readily available, a surgeon with general surgery privileges will be located to safely close the patient and make arrangements to obtain the appropriate follow-up care for the patient which may include transferring the patient to a hospital.
- В. Incapacitated Anesthesiologist/CRNA:

If the anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) responsible for providing anesthesia to the patient becomes incapacitated due to a physical or mental illness that requires immediate medical attention during a patient's surgery, the following protocol must be followed:

The Incapacitated Provider must be assessed and given proper aid, including calling the RRT if necessary.

> The operating room nurse will contact the charge nurse. The charge nurse will notify the Medical Director or his or her designee. The Medical Director or his or her designee will assess the provider and treat appropriately

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## AMBULATORY SURGICAL CENTER AT LBJ

POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-4005 Page Number: 3 of 5

Effective Date: 8/5/16

 If directed by the surgeon, the nurse or his or her designee will call 911.

c. After the Incapacitated Provider has been stabilized, the surgeon must assess the patient. The surgeon must contact the Medical Director or his or her designee to locate a readily available and competent anesthesiologist/CRNA to allow the surgeon to complete the patient's surgery/procedure.

## C. Impaired Provider

## 1. Impaired Surgeon

- i. If the surgeon performing a patient's surgery becomes impaired a Workforce member will contact the charge nurse. The charge nurse will notify the Nurse Manager. If the charge nurse is not immediately available, the operating room nurse is responsible for contacting the Nurse Manager. The Nurse Manager will contact the anesthesiologist supervising the case to help assess the provider and treat appropriately.
- ii. If directed by the physician assessing the surgeon, the nurse or his or her designee will call 911.
- iii. After the surgeon has been stabilized, the Medical Director must assess the patient. If the patient is stable, the Medical Director will attempt to locate another surgeon with the appropriate privileges and who is readily available and competent to complete the patient's interrupted surgery. If a surgeon with appropriate privileges is not readily available, a surgeon with general surgery privileges will be located to safely close the patient and make arrangements to obtain the appropriate follow-up care for the patient which may include transferring the patient to a hospital.

### 2. Incapacitated Anesthesiologist/CRNA:

- i. If the anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) responsible for providing anesthesia to the patient becomes inpaired due to a physical or mental illness that requires immediate medical attention during a patient's surgery, the following protocol must be followed:
  - a. The anesthesia professional must be assessed and given proper aid, including calling the RRT if necessary.

## AMBULATORY SURGICAL CENTER AT I B

POLICY AND REGULATIONS MANUAL

ASC-P-4005 Policy No: Page Number:  $4\ \mathrm{of}\ 5$ 

Effective Date: 8/5/16

- b. The operating room nurse will contact the charge nurse. The charge nurse will notify the Medical Director or his or her designee. The Medical Director or his or her designee will assess the anesthesia professional and treat appropriately
- c. If directed by the Medical Director or his or her designee, the nurse or his or her designee will call 911.
- ii. After the anesthesia professional has been stabilized, the surgeon must assess the patient. The surgeon must contact the Medical Director or his or her designee to locate a readily available and competent anesthesiologist/CRNA to allow the surgeon to complete the patient's surgery/procedure.
- 3. The individual who suspects the provider of being impaired must give an oral or, preferably, written report to the Medical Director and the Administrator or their designees. The report must be factual and shall include a description of the incident(s) that led to the belief that the provider might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.
- 4. The individual who suspects the provider of being impaired shall enter an eIRS report.
- 5. The Medical Director and the Administrator shall seek the advice of Harris Health Risk Management team to determine whether any conduct must be reported to law enforcement authorities or other government agencies, and what further steps must be taken.

## REFERENCES/BIBLIOGRAPHY:

AAAHC v42 Handbook Quad A Version 8.2

## OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

## **REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or	Approved by:

POLICY AND REGULATIONS MANUAL

Policy No: Page Number: ASC-P-4005 5 of 5

Effective Date: 8/5/16

		Revised)	
8/5/16	1.0	Reviewed / Approved	The Ambulatory Surgical Center
		08/15/2016	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/14/2019	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
		02/13/2020	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
		02/25/2021	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
	02/17/2022	(ASC) at LBJ Governing Body	
		Reviewed / Approved	The Ambulatory Surgical Center
		02/16/2023	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
		02/22/2024	(ASC) at LBJ Governing Body

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AMBULATORY SURGICAL CENTER AT LBJ
POLICY AND REGULATIONS MANUAL

Policy No: Page Number: ASC-P-5004 1 of 78

Effective Date: Board Motion No: 8/5/16 n/a

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The Ambulatory Surgical Center (ASC) at LBJ Infection Control Plan 20242023

POLICY AND REGULATIONS MANUAL

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Effective Date: Board Motion No: 8/5/16 n/a

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## AMBULATORY SURGICAL CENTER AT LBJ

POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-5004 Page Number: 3 of 78

Effective Date: 8/5/16 Board Motion No: n/a

## Statement of Adherence:

The Ambulatory Surgical Center (ASC) at LBJ's Infection Control Plan follows the standards set forth and prescribed by the following entities as applicable:

- 1. Centers for Disease Control (CDC)
- 2. Association of PeriOperative Registered Nurses (AORN)
- 3. Association for Professionals in Infection Control (APIC)

Please see the references in each specific section of the Infection Control Plan to determine which entity's standards the Ambulatory Surgical Center (ASC) at LBJ is adopting and following.

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## AMBULATORY SURGICAL CENTER AT I

POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-5004 Page Number: 4 of 78

Effective Date: 8/5/16 Board Motion No: n/a

TITLE: SANITARY ENVIRONMENT PROTOCOL

**PURPOSE:** To establish the procedures and processes the Ambulatory Surgical Center

(ASC) at LBJ will follow to maintain a sanitary environment for its patients and

personnel to prevent the spread of infections and communicable diseases.

### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ is committed to creating and maintaining a sanitary environment to prevent the spread of infections and communicable diseases to its patients and Workforce members.

### **POLICY ELABORATIONS:**

## **VENTILATION & WATER SYSTEMS**

#### A. Ventilation Systems:

- It is the policy of the ASC that all ventilation system(s) be evaluated on a routine basis to prevent the deployment of reservoirs of infection.
- 2. The following must be verified and documented in the evaluation of the ASC ventilation system(s):
  - Negative pressure for isolation rooms with appropriate Air Changes i. per Hour ("ACH");
  - ii. Positive pressure for operating rooms with appropriate ACH;
  - iii. Use of biocide and routine cleaning of cooling towers; and
  - iv. Appropriate filter efficiency.
- In the event of an interruption or disruption of the ASC's ventilation systems, the following steps must be taken:
  - Evaluate air handling systems for particle counts and bio aerosol i.
  - ii. Assess ventilation system filters, ACH and pressure differentials;
  - ... 111. Assess dust and debris and institute appropriate measures, including but not limited to the following:
    - Wet mop or clean areas regularly with disinfectant to control 1. dust;

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2. Provide negative air pressure and/or partitions around the area of disruption to prevent dust movement to adjacent areas, if needed, or isolate HVAC system where the construction/work is being done;

- Use walk off mats to prevent dust from spreading to adjacent 3.
- 4. Seal windows and/or air intakes;
- Sanitize air handling duct, if necessary necessary, depending on 5. the magnitude of the disruption;
- Clean or sanitize cooling towers, if needed; 6.
- Cover debris for removal and transport debris during periods 7. of low activity, if applicable.
- iv. If the interruption or disruption of the ASC ventilation system involves biohazardous material, Workforce members must members must use personal protective equipment.

#### В. Water Systems:

- It is the policy of the ASC that all components of the ASC's water supply system be evaluated on a routine basis to prevent the development of reservoirs of infection.
- The routine evaluation of the ASC's water supply system includes at a minimum:
  - i. Verification of the appropriate hot water temperatures; and
  - ii. Periodic flushing of water system(s) and holding tank maintenance.
- In the event of an interruption of water services, the following steps must 3.
  - i. Identify and make provisions for waterless hand washing products;
  - Identify and make provisions for products for patient use; ii.
  - ... 111. Determine if toilets can be flushed;
  - Identify sources of water for flushing if the water is off, but flushing iv. can be done;

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- v. Provide alternate toilet sites, if indicated;
- vi. Make provisions for environmental and/or equipment cleaning and sanitation;
- vii. Evaluate the need for cleaning and chlorinating water system(s) and/or the need for culturing to assure acceptable water quality;
- viii. Determine the communication process to be used for the restriction of water use and when water use can resume; and
- ix. Test water for coliforms prior to clearing ASC water for use.
- C. Prevention, Management, and Treatment of Legionella:
  - The following protocol must be followed to prevent the transmission of Legionella:
    - i. Maintain hot water in the ASC water system(s) at 140 degrees Fahrenheit with a minimum return of 120 degrees Fahrenheit.
    - Maintain a continuous flow-adjusted injection of chlorine into the water system;
    - iii. Periodically flush all hot water tanks;
    - iv. Minimize the formation of biofilms and growth of organisms by appropriate ongoing maintenance and the continuous use of oxidizing biocide and an intermittent use of a non-oxidizing biocide;
    - Install drift eliminators on cooling towers and evaporative coolers;
    - vi. Keep adequate maintenance records.
  - 2. If a possible outbreak of Legionella is suspected, the following steps must be taken:
    - i. Review medical and microbiological records to verify diagnosis;
    - ii. Initiate active surveillance to identify other possible cases;
    - iii. Develop a line listing by person, place, and time;
    - Form a multidisciplinary team, if indicated to guide remediation efforts;
    - v. Examine possible sources and collect water samples;
    - vi. Initiate water treatment;

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Consider restrictions from showering for high-risk patients if water V11. is proven to contain legionella; and

Viii. After water has been treated, continue surveillance to monitor the effectiveness of the treatment.

- 3. If Legionella is identified in the water system of the ASC, the following remediation measures may be taken:
  - i. Superheat and flush system with water temperature at 160-170 degrees Fahrenheit to disinfect system; and/or
  - ii. Hyper chlorinate water system with >10mg/L of chlorine and flush all outlets.
- D. Treatment, Prevention and Management of Aspergillosis:
  - The following protocol should be followed to prevent the transmission of Aspergillosis:
    - i. Minimize dust generation in the ASC;
    - ... 11. Limit excess moisture and humidity in the ASC;
    - Construction areas should have barriers to eliminate the dispersion iii. of dust to the ASC. If barriers are not practical or not adequate, patient relocation may be necessary;
    - iv. Minimize traffic through the ASC;
    - Thoroughly clean newly occupied areas; and v.
    - vi. Check particle counts (>0.5 microns diameter) and/or bio aerosols.

HEPA filtered areas can be expected to have particle counts <1000 cubic foot of air and non HEPA areas with 30/90 progressive filtration can be expected to have <5000/cubic foot of air. These numbers are based on the assumption that the ASC's HVAC system has been running for at least 24 hours.

- 2. If a suspected outbreak of Aspergillosis is suspected, the following steps should be taken:
  - Review medical and microbiological records to verify diagnosis;

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ii. Initiate active, prospective surveillance to identify other possible cases;

- If there is no evidence of a continuing transmission, continue routine maintenance procedures;
- iv. If evidence of continuing infection is present, conduct environmental investigations to find the source;
- v. Develop a line listing by person, place, and time;
- vi. Form a multidisciplinary team, if indicated, to guide remediation efforts; and
- During and after remediation, continue surveillance to monitor effectiveness.

### II. CLEANING AND DISINFECTING THE ASC:

- A. It is the policy of the ASC to adequately disinfect and clean the ASC to prevent the risk of infection to patients, visitors, and employees of the ASC.
- B. **General Disinfection:** The ASC will follow the general disinfection methods listed in Attachment A.
- C. General Cleaning of Perioperative and Postoperative Care Areas: The ASC will ASC will adopt and follow the Association of Perioperative Registered Nurses (AORN) Guidelines for Environmental Cleaning when cleaning ASC operating rooms and perioperative and postoperative care areas.
- D. Surgical Instruments Sterilization: The ASC will adopt and follow the Association the Association of Perioperative Nurses (AORN) Guidelines for Cleaning and Care of Surgical Instruments and Guideline for Sterilization when sterilizing surgical instruments.

## III. DISPOSAL OF WASTE:

### A. Generally:

1. Per the Letter of Agreement between Harris Health and the ASC, Harris Health will manage the ASC's disposal of waste.

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- 2. All waste at the ASC will be disposed of in accordance with the Waste Disposal Chart listed in Attachment B.
- All medical and infectious/biohazardous waste will be segregated from ordinary trash and/or rubbish at the point of generation. Disposal containers will be lined with approved bags and liners and must be tied up prior to removing and transporting.
- All Workforce members must follow universal precautions and wear personal protective equipment when disposing of medical waste, sharps, broken glass, debris, or trash.
- B. Safe Handling and Disposal of Needles of Needles and Sharps:
  - Needles and other disposable sharps are discarded in puncture resistant containers.
  - Sharps containers should be placed where they are easily accessible in operating rooms.
  - 3. Syringes should not be disconnected from needles to discard unless it is required for processing specimens.
  - 4. Large bore reusable needles should be placed in a designated area for transport.
  - 5. Needles and sharps may not be placed in wastebaskets.
  - A contaminated collection container may not be reused. When containers are three-fourths (3/4ths) full, the top must be secured and the container must be taken to an area designated in the ASC..
  - 7. All contaminated broken glass and needles should be picked up with forceps, brush and dust pan, or another tool to avoid contact with hands.
  - 8. When disposing of the sharp, it is important to keep hands behind the sharp tip.
  - Workforce members must maintain control of the tubing and the needle when disposing a sharp with the attached tubing, (e.g., winged steel needle) because the tubing can recoil and lead to injury.

#### IV. PEST CONTROL:

A. Pests will be controlled or eliminated from the ASC to provide a safe environment for patients, visitors, and staff.

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B. Preventative Measures: The following preventative measures will be taken by the ASC to prevent and control pests:

#### 1. Food:

- All food brought into the ASC must be kept in airtight containers;
   and
- ii. Food spillage should be promptly cleaned.

#### 2. Waste:

- i. Waste should be stored in a manner that prevents access by pests and vermin; and
- Waste containers should be regularly cleaned to prevent buildup of material that may attract flies or gnats.

#### 3. Water:

- i. Drains should be covered
- ii. when possible with screens; and
- iii. Leaking pipes should be immediately repaired.

### 4. Building:

- i. Cracks in plaster or woodwork should be immediately repaired; and
- ii. Wall and firewall penetrations should be sealed.
- C. Procedure to follow to control or eliminate pests from the ASC:
  - 1. Insects: If insects are identified in the ASC, the ASC must remediate the source for their presence, e.g., closing propped exterior door, eliminating food or water that is drawing the insects into the ASC.
  - 2. Vermin: If vermin are identified in the ASC, a pest control specialist must be contacted to control and eliminate the vermin.
  - Lice: If lice are identified on a patient in the ASC, all of the patient's linen must be laundered.

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Bed Bugs: If bed bugs are identified in the ASC, a pest control specialist must be contacted to remediate the ASC. Please see Attachment C.

## REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.51(a).

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection Nov 2008.pdf

Guideline for Environmental Cleaning DOI: 10.6015/psrp.15.01.009

Guideline for Cleaning and Care of Surgical Instruments DOI: 10.6015/psrp.15.01.615

Guideline for Sterilization: DOI: 10.6015/psrp.15.01.665

42 Code of Federal Regulations (C.F.R.) §416.41(a)

42 Code of Federal Regulations (C.F.R.) §416.42

42 Code of Federal Regulations (C.F.R.) §416.51(a) and (b)

Quad A Version 8.2

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

## **REVIEW/REVISION HISTORY:**

Effectiv	re Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
6/14	1/16	1.0		The Ambulatory Surgical Center (ASC) at LBJ Governing Body

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Reviewed / Approved	The Ambulatory Surgical Center
03/29/2018	(ASC) at LBJ Governing Body
Revised and Approved	The Ambulatory Surgical Center
02/14/2019	(ASC) at LBJ Governing Body
Reviewed / Approved	The Ambulatory Surgical Center
02/13/2020	(ASC) at LBJ Governing Body
Revised / Approved	The Ambulatory Surgical Center
02/25/2021	(ASC) at LBJ Governing Body
Revised / Approved	The Ambulatory Surgical Center
02/17/2022	(ASC) at LBJ Governing Body
Reviewed / Approved	The Ambulatory Surgical Center
02/16/2023	(ASC) at LBJ Governing Body
Revised / Approved	The Ambulatory Surgical Center
08/17/2023	(ASC) at LBJ Governing Body
Reviewed / Approved	The Ambulatory Surgical Center
02/22/2024	(ASC) at LBJ Governing Body

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## ATTACHMENT "A"

	ds of sterilization and disinfection  Sterilization			Disinfection	
	Critical item	s (will enter tissue or stem or blood will flow	High-level (semicritical items; [except dental] will come in contact with mucous membrane or nonintact skin)	Intermediate-level (some semicritical items: and noncritical items)	Low-level (noncritical items; will come in contact with intact skin)
Object	Procedure	Exposure time	Procedure (exposure time 12- 30 min at ≥20 <sub>o</sub> C) <sub>2,3</sub>	Procedure (exposure time > 1 m) 9	Procedure (exposure time > 1 m) 9
Smooth, hard Surface <sub>1,4</sub>	A B C D F G H	MR MR 10 h at 20-25 <sub>0</sub> C 6 h 12 m at 50-56 <sub>0</sub> C 3-8 h	D E F H le J	K L5 M N	K L M N
Rubber tubing and catheters <sub>3,4</sub>	A B C D F G	MR MR 10 h at 20-25 <sub>°</sub> C 6 h 12 m at 50-56 <sub>°</sub> C 3-8 h	D E F H I <sub>6</sub>		
Polyethylene tubing and catheters <sub>3,4,7</sub>	A B C D F G	MR MR 10 h at 20-25 <sub>0</sub> C 6 h 12 m at 50-56 <sub>0</sub> C 3-8 h	D E F H I <sub>6</sub>		
Lensed instruments4	A B C D F G	MR MR 10 h at 20-25 <sub>°</sub> C 6 h 12 m at 50-56 <sub>°</sub> C 3-8 h	D E F H J		
Thermometers (oral and rectal)8					K <sub>8</sub>
Hinged instruments4	A B C D F G H	MR MR 10 h at 20-25 <sub>0</sub> C 6 h 12 m at 50-56 <sub>0</sub> C 3-8 h	D E F H Is		

Modified from Rutala and Simmons. 15, 17, 18, 421 The selection and use of disinfectants in the healthcare field is dynamic, and products may become available that are not in existence when this guideline was written. As newer disinfectants become available, persons or committees responsible

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for selecting disinfectants and sterilization processes should be guided by products cleared by the FDA and the EPA as well as information in the scientific literature. Instructions for use will be followed per manufacturer's guidelines when using cleaning and disinfectant products.

- Heat sterilization, including steam or hot air (see manufacturer's recommendations, steam sterilization processing time from 3-30 minutes) А, В, С,
- Ethylene oxide gas (see manufacturer's recommendations, generally 1-6 hours processing time plus aeration time of 8-12 hours at 50-60<sub>9</sub>C) Hydrogen peroxide gas plasma (see manufacturer's recommendations for internal diameter and length restrictions, processing time between 45-
- D, Glutaraldehyde-based formulations (≥2% glutaraldehyde, caution should be exercised with all glutaraldehyde formulations when further in-use dilution is anticipated); glutaraldehyde (1.12%) and 1.93% phenol/phenate. One glutaraldehyde-based product has a high-level disinfection claim of 5 minutes at 35°C.
- Ortho-phthalaldehyde (OPA) 0.55%
- Hydrogen peroxide 7.5% (will corrode copper, zinc, and brass)
- G, H, Peracetic acid, concentration variable but 0.2% or greater is sporicidal. Peracetic acid immersion system operates at 50-56.c. Hydrogen peroxide (7.35%) and 0.23% peracetic acid; hydrogen peroxide 1% and peracetic acid 0.08% (will corrode metal instruments)
- Wet pasteurization at 70 °C for 30 minutes with detergent cleaning

  Hypochlorite, single use chlorine generated on-site by electrolyzing saline containing >650-675 active free chlorine; (will corrode metal
- Ethyl or isopropyl alcohol (70-90%)
- Sodium hypochlorite (5.25-6.15% household bleach diluted 1:500 provides >100 ppm available chlorine)
  Phenolic germicidal detergent solution (follow product label for use-dilution) L, M,

- N, O, Iodophor germicidal detergent solution (follow product label for use-dilution)
  Quaternary ammonium germicidal detergent solution (follow product label for use-dilution)
- MR, Manufacturer's recommendations
- Not applicable
- See text for discussion of hydrotherapy.
- See text for discussion of nyuromerapy.

  The longer the exposure to a disinfectant, the more likely it is that all microorganisms will be eliminated. Follow the FDA-cleared high-level disinfection claim. Ten-minute exposure is not adequate to disinfect many objects, especially those that are difficult to clean because they have narrow channels or other areas that can harbor organic material and bacteria. Twenty-minute exposure at 20°C is the minimum time needed to reliably kill M. Iuberculosis and nontuberculous mycobacteria with a 2% glutaraldehyde. Some high-level disinfectants have a reduced exposure time (e.g., ortho-phthalaldehyde at 12 minutes at 20<sub>o</sub>C) because of their rapid activity against mycobacteria or reduced exposure time due to increased mycobactericidal activity at elevated temperature (e.g., 2.5% glutaraldehyde at 5 minutes at 35°C, 0.55% OPA at 5 min at 25°C in
- automated endoscope reprocessor).

  Tubing must be completely filled for high-level disinfection and liquid chemical sterilization; care must be taken to avoid entrapment of air bubbles during immersion.
- Material compatibility should be investigated when appropriate.

  A concentration of 1000 ppm available chlorine should be considered where cultures or concentrated preparations of microorganisms have
- spilled (5.25% to 6.15% household bleach diluted 1:50 provides > 1000 ppm available chlorine). This solution may corrode some surfaces. Pasteurization (washer-disinfector) of respiratory therapy or anesthesia equipment is a recognized alternative to high-level disinfection. Some
- data challenge the efficacy of some pasteurization units.
  Thermostability should be investigated when appropriate
- Do not mix rectal and oral thermometers at any stage of handling or processing.

  By law, all applicable label instructions on EPA-registered products must be followed. If the user selects exposure conditions that differ from those on the EPA-registered products label, the user assumes liability from any injuries resulting from off-label use and is potentially subject to enforcement action under FIFRA.

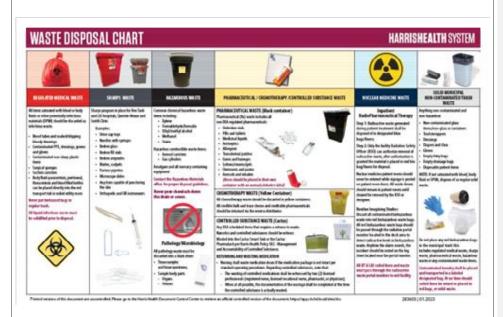
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## ATTACHMENT "B"



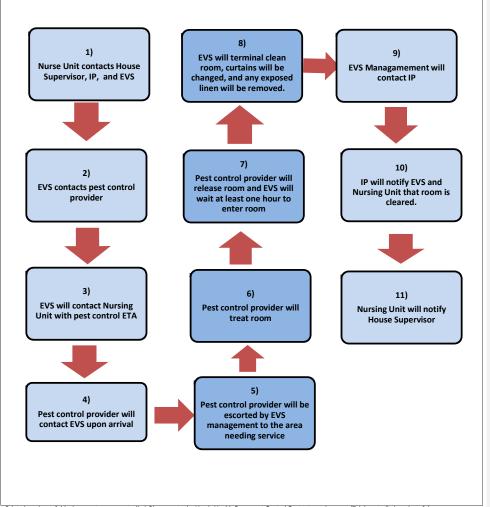
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LBJ Nursing, EVS, and ECOLAB

Bed Bug Protocol Process



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- Nurse Unit contacts EVS via email and via Phone at 713-566-6960 or 713-566-6961. Unit is required to leave all linen in the room contained in a plastic bag for extermination process. Bed linen should be contained in one linen bag, while the curtains in a second linen bag. Nursing staff of the department should attempt to capture the bed bug if able to do so via a container or tape to ensure proper extinction procedure and close the room until further notice. Point of contact for Infection Prevention is the Ambulatory Care Services (ACS) Infection Prevention Department which can be reached at 346-426-0144.
- 2. EVS contacts contracted Pest Control provider requesting service and ensuring to document who they spoke to, the time, the date, and the name of the service technician who will contact EVS for an estimated time of arrival (ETA). All documentation will be scanned and filed in the appropriate data storage location. Technicians will then be sent an email from management to inform them of the request.
- A follow-up assessment must be performed by EVS Management by inspecting the location of the request and speaking to the requestor so that they are aware that pest control has been contacted and provide an ETA.
- 4. The pest control provider will contact EVS upon arrival to begin their service.
- 5. The pest control provider will then be escorted to the requested service area then proceed to inspect the room under EVS supervision.
- 6. The pest control provider will begin treatment based on their findings and guidelines.
- 7. The pest control provider will release room after treatment ends and instruct EVS to wait at least an hour before entering the room.
- 8. EVS will begin their procedures which will include a terminal clean, removal of any exposed linen, and the change of curtains to complete their protocol.
- 9. EVS Management will contact the ACS Infection Prevention (IP) Department at 346-426-0144to inform the department of the completion of the terminal clean. Upon

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speaking to the ACS IP Department, the EVS Management will send an email to the ACS IP Department to maintain documentation of the process.

10. The ACS Infection Prevention Department will assess the area and inform EVS and the Nursing Unit when the room is cleared for further use.

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TITLE: HAND HYGIENE GUIDELINES

**PURPOSE:** To prevent the transmission of infection to patients and healthcare workers.

#### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ implements hand hygiene guidelines to reduce the transmission of infectious agents to patients and Workforce members.

#### **POLICY ELABORATIONS:**

#### **DEFINITIONS:**

- HAND HYGIENE: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.
- В. DECONTAMINATE HANDS: Means to reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic hand wash.
- C. OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM): Refers to:
  - The following human body fluids: semen, vaginal secretions, cerebrospinal a. fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
  - Human Immunodeficiency Virus (HIV) containing cell or tissue cultures, organ cultures, and HIV or Hepatitis B Virus (HBV) containing culture medium or other solutions; and blood, organs, or other tissues infected with HIV or HBV.
- D. WORKFORCE: The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

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#### II. **GENERAL PROVISIONS:**

- Hand washing stations shall be maintained with appropriate supplies and conveniently located throughout the ASC in accordance with state and federal requirements.
- Hands must be cared for by washing with soap per manufacturer's guidelines and water as follows:
  - 1. When hands are visibly dirty or contaminated or are visibly soiled with blood or other bodily fluids;
  - 2. If exposure to potential spore-forming organisms is strongly suspected or
  - 3. After using the restroom;
  - Before eating; and 4.
  - 5. Prior to starting work.
- C. In all other clinical situations, it is preferred that Workforce members must Decontaminate their hands by using an alcohol-based hand rub, unless washing hands with soap and water is indicated. Specifically, hands must be Decontaminated with an alcohol-based hand rub per manufacturer's guidelines in the following situations:
  - 1. Decontaminate hands before and after having direct contact with patients.
  - 2. Decontaminate hands before inserting indwelling catheters or other invasive devices that do not require a surgical procedure.
  - 3. Decontaminate hands after contact with a patient's intact skin (e.g., taking a pulse or blood pressure, or lifting a patient).
  - Decontaminate hands after contact with bodily fluids or excretions, 4. mucous membranes, non-intact skin, and wound dressings.
  - Decontaminate hands if moving from a contaminated-body site to a clean-5. body site during patient care.
  - 6. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
  - 7. Decontaminate hands after removing gloves.

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- D. Areas that do not have immediate access to hand washing stations will have readily available an alcohol-based waterless antiseptic agent.
- E. In the event of interruption of the ASC's water supply, alternative agents, such as detergent containing towelettes and alcohol-based hand rubs will be available.
- F. Use of communal bar soap is prohibited in the ASC.
- G. The ASC will follow and adopt all additional guidelines and recommendations of the Association of Perioperative Registered Nurses (AORN) regarding hand hygiene, available at: DOI: 10.6015/psrp.15.01.097.

#### III. OTHER ASPECTS OF HAND CARE AND PROTECTION:

- A. Gloves should be used for hand-contaminating activities, but are not a substitute for hand washing.
- B. When it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin will occur, wear gloves.
  - 1. Hands should be decontaminated before donning sterile gloves.
  - Gloves should be removed and hands washed when procedure task is completed.
  - Change gloves during patient care if moving from a contaminated body site to a clean body site.

#### IV. PROCEDURE:

The procedures that shall be used in the implementation of this policy may be found in Appendix "A" attached.

# HARRISHEALTH AMBULATORY SURGICAL CENTER AT LBJ

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#### REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.50(b).

Quad A Version 8.2

Guideline for Hand Hygiene in Health-Care Settings, Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. CDC Morbidity and Mortality Weekly Report, Vol. 51. October 25, 2002.

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

#### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
06/14/2016	1.0	06/14/2016	The Ambulatory Surgical Center
		Review / Approved	(ASC) at LBJ Governing Body The Ambulatory Surgical Center
		03/29/2018	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/14/2019	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
		02/13/2020	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/25/2021	(ASC) at LBJ Governing Body
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		02/17/2022	(ASC) at LBJ Governing Body
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Effective Date: 8/5/16 Board Motion No: n/a

#### ATTACHMENT A

#### A. Hand Hygiene Techniques: Soap and Water:

- Turn on Water: Keep water running continuously throughout hand washing procedure. Adjust water temperature comfortable to hands. Extremely hot or cold water tends to dry skin.
- Wet Hands and Wrists with Water: If long sleeves are worn, raise sleeves before washing hands.
  Hold hands down toward sink. Water should drain from wrists to finger tips to carry away
  heatering.
- Apply sufficient amount of liquid soap or antiseptic agent sufficient to form a good lather and thoroughly distribute over hands.
- 4. Wash palms, wrists, and the back of each hand. Interlace hands, rub and massage in a rotary (circular) motion. Vigorously rub hands together for twenty (20) seconds covering all surfaces of the hands and fingers.
- Hold hands slanted downward and rinse well under running water. Running water should flow from wrists down to fingers, thus carrying suds and germs down the drain.
- Dry wrists then hands with paper towel, and turn off faucets with paper towel, and discard
  towels in wastebasket. Use of paper towels prevents contamination of clean hands by touching
  of faucet. All faucets must be considered contaminated.
- 7. Paper towels should be within easy reach of sink, but beyond splash contamination.
- 8. Lever-operated towel dispensers should be activated before beginning hand washing.

#### B. Hand Hygiene Techniques: Waterless Product:

- 1. Apply product to palm of one hand; and
- Interlace hands and rub hands together covering all surfaces of hands and fingers until hands are dry.

#### C. Hand Hygiene Technique: Surgical Hand Scrub:

The ASC will follow the procedure and guidelines set forth by the Association of Perioperative Nurses (AORN) for surgical hand scrub for ORs and special procedure areas within the ASC performing diagnostic/invasive/ procedures, available at:

AORN eGuidelines +

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Effective Date: 8/5/16 Board Motion No: n/a

#### ATTACHMENT B

#### Hand Hygiene Observations at the ASC

- 1. The ASC at LBJ will maintain 3 Secret Shoppers (SS) and Just-in-Time coaches (JITC)
- 2. The expectation of each SS is to document observations; totaling a combined number of 100 per month for the ASC. Half of these must be completed by the fifteenth of the month before close of business and the rest before the twenty fifth of the month before close of business.
- 3. There will also be Just-in-Time coaches who will be responsible for documenting 15 observations per month before the last day of the month. These coaches will give feedback to staff and providers noted to be in violation of our hand hygiene policy.

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Effective Date: Board Motion No: 8/5/16 n/a



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Effective Date: Board Motion No: 8/5/16 n/a



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Effective Date: 8/5/16 Board Motion No: n/a

TITLE: PERSONAL PROTECTIVE EQUIPMENT

PURPOSE: To establish guidelines to follow to protect the workforce members of the

Ambulatory Surgical Center (ASC) from exposure to or contact with infectious

organisms or agents.

#### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ to assume that every person is potentially infected or colonized with an organism that could be transmitted and that all members of the ASC's workforce wear personal protective equipment to lower the risk of exposure or contact with those infectious organisms or agents.

#### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

- **A. PERSONAL PROTECTIVE EQUIPMENT (PPE):** A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents or organisms. PPE includes gloves, masks, respirators, goggles, face shields, and gowns.
- **B. STANDARD PRECAUTIONS:** A group of Infection Prevention Practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes, but is not limited to, the use of gloves, gown, mask, eye protection, or face shield.

#### C. TRANSMISSION-BASED PRECAUTIONS:

- a. Transmission-Based Precautions are used when the routes of transmission are not completely interrupted using Standard Precautions alone. There are three categories of Transmission-Based Precautions:
  - i. Contact Precautions;
  - ii. Droplet Precautions; and
  - iii. Airborne Precautions.

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- b. They may be combined together for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.
- WORKFORCE: The employees, medical staff, trainees, contractors, volunteers, and D. vendors.

#### II. **GENERAL PROVISIONS:**

- A. Standard Precautions: This presumes that all body substances may carry infectious agents. PPE appropriate to the potential exposure should be worn. PPE may not be worn in hallways or at nursing stations.
- В. Contact Transmission Precautions: Contact Transmission Precautions are based on direct contact with an infected patient or contact with a contaminated environment. Gowns and gloves should be work to protect Workforce members against contact with bodily fluids or contaminated surfaces.
- C. Droplet: Droplet Transmission Precautions are based on an infectious agent being transmitted from droplets that can reach respiratory tracts of a susceptible host. The following Droplet Transmission Precautions must be taken:
  - A surgical face mask must be work within 3-6 feet of an individual with a 1. respiratory infection; and
  - A gown and gloves should be worn if the Workforce member is touching 2. surfaces where droplets may have landed.
- D. Airborne: Airborne Transmission occurs by the dissemination of small particles that can remain suspended in the air for considerable amounts of time. Therefore, N95 Respirators are required to be worn by ASC Workforce members if necessary to protect against Airborne Transmission.
- E. Any visibly or knowingly contaminated protective equipment will be cleaned or discarded, if disposable, immediately after use.

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#### III. PROCEDURES:

Please see Appendix "C" for procedures to follow regarding Personal Protective Equipment.

#### REFERENCES/BIBLIOGRAPHY:

Quad A Version 8.2

42 Code of Federal Regulations (C.F.R.) §416.51.

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

#### **REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
6/14/16	1.0		The Ambulatory Surgical Center
			(ASC) at LBJ Governing Body
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		03/29/2018	(ASC) at LBJ Governing Body
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#### ATTACHMENT "C"

#### 1. Gloves:

- a. Disposable latex, nitrile, or vinyl gloves are available for use in the ASC. The gloves are not puncture-resistant; nor are the gloves one-hundred percent protective against infectious agents or organisms.
- b. Gloves must be replaced as soon as practical when contaminated (at a minimum, after each patient). Torn or punctured gloves must be replaced as soon as feasible. Gloves must be removed prior to leaving the treatment area.
- c. Gloves may not be washed for reuse.
- d. Grossly contaminated gloves will be discarded appropriately.
- e. Gloves must be used in the following circumstances:
  - i. During all surgical procedures;
  - ii. If a Workforce member's skin is cut, abraded or chapped;
  - iii. During an exam of a patient's mouth, oropharynx, gastrointestinal tract, or genitourinary tract;
  - iv. While examining abraded or non-intact skin or patients with active bleeding;
  - v. During invasive procedures;
  - vi. When performing phlebotomy, processing and/or testing blood, preparing pathology specimens, or other potentially infectious specimens; and
  - vii. During housekeeping and decontaminating procedures.

#### 2. Eyewear:

- a. Protective eyewear includes goggles, face shields, or glasses with solid side shields.
- b. Protective eyewear must be worn when a procedure or surgery presents a danger of splashing or if a manufacturer recommends that protective eyewear be worn when using their product.
- c. Protective eyewear must be removed prior to exiting the treatment area. Goggles and face shields will be cleaned and decontaminated after each use or disposed of properly, if disposable.

#### 3. Masks:

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- a. Masks should be used when indicated and disposed of properly after use.
- b. Contaminated masks will be replaced immediately or as soon as feasible. Contaminated masks must be disposed of properly.

#### 4. Gowns, Aprons, Lab Coats:

- a. Gowns are worn to protect clothing and the arm and neck areas of Workforce members from contamination.
- b. Gowns may be worn until soiled, damaged, or made wet, at which time they must be immediately removed and replaced.
- c. Protective laboratory coats, gowns, and aprons must be removed and replaced when they become visibly damaged or contaminated.

#### 5. Donning and Removing Personal Protective Equipment:

- a. **Donning:** The following order will be followed when donning PPE:
  - i. Gown;
  - ii. Mask;
  - iii. Goggles/face shield;
  - iv. Gloves
- b. **Removing:** The following order will be followed when removing PPE:
  - i. Gloves;
  - ii. Goggles/face shield;
  - iii. Gown;
  - iv. Mask.

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8/5/16 n/a

TITLE: STANDARD AND TRANSMISSION BASED PRECAUTIONS

**PURPOSE:** To prevent the transmission of healthcare associated or community acquired

organisms and/or infections to patients, visitors, and members of the

Ambulatory Surgical Center at LBJ's workforce.

#### POLICY STATEMENT:

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting.

#### POLICY ELABORATIONS:

#### I. DEFINITIONS:

- A. AIRBORNE INFECTION ISOLATION ROOM (AIIR): Formerly, negative pressure isolation room, an AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. AIIRs should provide negative pressure in the room so that air flows under the door gap into the room; and an air flow rate of 6-12 ACH and direct exhaust of the air from the room to the outside of the building or recirculation of air through a HEPA (high-efficiency particulate air) filter before returning to circulation.
- B. **COHORTING**: Applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. Cohorting patients during outbreaks, Workforce members may be assigned to a cohort of patients to further limit opportunities for transmission to Cohorting staff.
- MULTI-DRUG RESISTANT ORGANISM (MDRO): In general, bacteria, excluding M. Tuberculosis, that are resistant to one or more classes of antimicrobial agents and usually are resistant to all but one or two commercially available antimicrobial agents e.g, MRSA, VRE, Extended Spectrum Beta-Lactamse (ESBL) producing or intrinsically resistant gram negative bacilli, or Carbapenem Resistant Enterobacteriacae (CRE). In addition, organisms of clinical significance or that have special virulent properties such as Clostridium difficile will be considered in the same fashion.

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- D. **OTHER POTENTIAL INFECTIOUS ORGANISMS**: Human body fluids shall be treated as if they are known to be infectious for blood borne pathogens. These fluids include, but are not limited to:
  - a. Amniotic Fluid;
  - b. Pleural Fluid;
  - c. Blood;
  - d. Saliva (in dental procedures);
  - e. Cerebrospinal Fluid;
  - f. Semen;
  - g. Pericardial Fluid;
  - h. Synovial Fluid;
  - i. Peritoneal Fluid; and
  - j. Vaginal Secretions.
- E. **PERSONAL PROTECTIVE EQUIPMENT (PPE):** A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, and gowns.
- F. QUALIFIED LICENSE PRACTITIONER (QLP): Any individual permitted by law and by the ASC to provide care and services, without relevant direction or supervision within the scope of the individual's license and consistent with individually granted clinical privileges.
- G. REGULATED MEDICAL WASTE:
  - A liquid or semi-liquid blood or Other Potentially Infectious Material (OPIM); contaminated items that would release blood in a liquid or semiliquid state if compressed;
  - b. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.
- H. **RESPIRATORY HYGIENE/COUGH ETIQUETTE**: A combination of measures designed to minimize the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings.

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I. STANDARD PRECAUTIONS: A group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes hand hygiene, and depending on anticipated exposure, the use of gloves, gowns, masks, eye protection, or face shields.

#### J. Transmission-Based Precautions:

- a. Transmission-Based Precautions are used when the routes of transmission are not completely interrupted using Standard Precautions alone. There are three categories of Transmission-Based Precautions:
  - i. Contact Precautions;
  - ii. Droplet Precautions; and
  - iii. Airborne Precautions.
- b. They may be combined together for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.
- K. **WORKFORCE:** Employees, Medical Staff, trainees, contractors, volunteers, and vendors.

#### II. GENERAL PROVISIONS:

- A. It is safer to "Over-Isolate" than to "Under-Isolate." If there is a question regarding isolation, then the more stringent Isolation Precaution should be used in until a definitive diagnosis is confirmed.
- All QLPs, nurses, students, etc., are responsible for complying with Isolation Precautions.
- C. Education and training on preventing transmission of infectious agents associated with healthcare will be provided during orientation to the ASC and thereafter, annually.

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#### D. Identification of MDROs:

- The ASC's pre-procedure screening clinic will aid in the coordination of patient care by identifying patients with MDROs so that those patients receive the appropriate level of care, i.e. care at either Lyndon B. Johnson Hospital or Ben Taub General Hospital.
- Harris Health System's Laboratory will alert infection prevention and the nursing of a MDRO laboratory result pursuant to the Letter of Agreement between Harris Health System and the ASC.
- 3. Nursing will initiate the appropriate isolation immediately.
- 4. The patient will be placed in the isolation room. The appropriate signage must be placed on the isolation room door and the isolation type should be entered into the patient's medical record.
- E. Categories of Standard and Transmission-Based Precautions:
  - Standard Precautions: This presumes that all body substances may carry 1. infectious agents. PPE appropriate to the potential exposure should be worn. PPE may not be worn in hallways, nursing stations, other areas outside of the ASC, or in isolation rooms, when applicable.
  - 2. Contact Transmission Precautions: These precautions are based on direct contact with an infected patient or contact with a contaminated environment. Gowns and gloves should be worn by ASC QLP or other personnel to protect against contact with body fluids or contaminated surfaces.
  - Droplet: Droplet Transmission Precautions are based on an infectious 3. agent being transmitted from droplets that can reach the respiratory tract of a susceptible host; and

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i. Surgical face masks must be worn within 3-6 feet of an individual with a respiratory infection;

- ii. Gowns and gloves should be worn if Workforce members or QLPs are touching surfaces where droplets may have landed.
- 4. Airborne Precautions: Airborne transmission occurs by the dissemination of small particles that can remain suspended in the air for considerable time. N95 Respirators are required to be worn by Workforce members and QLPs as an Airborne Precaution.
- Workforce members will instruct visitors about precautions to be taken while visiting patients in the isolation room. PPE must be worn by all visitors in the isolation room.

Patients having the same pathogen may be cohorted in the absence of private rooms.

#### GUIDELINES FOR ISOLATION OF PATIENTS WITH MULTI-DRUG **RESISTANT ORGANISMS:**

- A. Patients colonized or infected with any identified MDRO must be initially placed in the ASC isolation room. Appropriate signage must be placed on the door of the isolation room to alert Workforce members.
- В. After the MDRO has been identified, the following steps will be followed:
  - TB Infection: 1.
    - i. If a patient has TB, that patient will remain in the ASC isolation room. The patient's surgery/procedure at the ASC will be cancelled.
  - Other MDROs:
    - If a patient has another MDRO (e.g., MRSA, VRE, VIRE), the ASC Medical Director and Administrator and Infection Prevention Manager in consultation with the surgeon will make a determination as to whether that patient's scheduled surgery/procedure may continue as scheduled and what precautions, if any, need to be taken.

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#### IV. MANAGEMENT OF THE ENVIRONMENT:

- A. Environmental Services: All trash, linen, and cleaning of rooms in the ASC are the same for all patients regardless of whether that patient has been in the isolation room. Privacy curtains must be changed at the patient's discharge.
- B. Patient Care Equipment: When possible, equipment should be dedicated. If common equipment is unavoidable, then that equipment must be cleaned and disinfected after each use with an ASC approved product.
- C. Patient Supplies: Supplies that are kept in the isolation room should be kept to a minimum and any leftover supplies from the isolation room should be discarded when the patient is discharged.

#### V. SPECIAL CONSIDERATIONS:

- A. Surgery and Procedure Rooms: In the event that patients with a communicable disease are scheduled for surgery at the ASC and who are placed in the ASC isolation room, those patient's surgeries and/or procedures should be done as the last case of the day with a terminal clean being completed after the procedure concludes. If it is not possible to perform this surgery as the last case of the day, then a terminal clean must be performed on the operating room before the next surgery is performed.
- B. Guest Transportation: Patients transported outside of the ASC must be transported with appropriate barriers in place, such as surgical masks on patients with a respiratory illness. Workforce members must wear appropriate PPE during the transport.

# HARRISHEALTH AMBULATORY SURGICAL CENTER AT LBJ

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#### REFERENCES/BIBLIOGRAPHY:

APIC Text On-Line, Chapter 29 Isolation Precautions-Recommendations.

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

42 Code of Federal Regulations (C.F.R.) § 416.51.

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

#### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
6/14/16	1.0		The Ambulatory Surgical Center
			(ASC) at LBJ Governing Body
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		03/29/2018	(ASC) at LBJ Governing Body
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Effective Date: 8/5/16 Board Motion No: n/a

TITLE: VACCINE PREVENTABLE DISEASE POLICY

**PURPOSE:** To reduce the transmission of infectious and communicable diseases.

#### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ strives to protect the health and safety of its workforce, visitors, patients, patient and employee family members, and the community as a whole against the transmission of infectious and communicable diseases.

All individuals providing patient care and/or services or having direct patient contact in the ASC must utilize all appropriate measures to prevent the spread of infectious and communicable diseases through vaccination; by utilizing personal protective equipment, if applicable; or by utilizing a combination of these controls, where appropriate.

#### **POLICY ELABORATIONS:**

This policy is intended to protect patients, employees, visitors, and others affiliated with the ASC from the spread of vaccine preventable diseases. The goal is to maximize vaccination rates against vaccine preventable diseases among Workforce members.

#### I. DEFINITIONS:

- A. PATIENT: Any individual undergoing medical assessment or active treatment at the ASC.
- B. PATIENT CARE OR CLINICAL CARE AREA: Includes the physical or recognized borders of the ASC where patients may be seen, evaluated, treated, or waited to be seen.
- C. PUBLIC HEALTH DISASTER: A declaration by the governor of a state of disaster and a determination by the commissioner that there exists an immediate threat from a communicable disease that: (i) poses a high risk of death or serious long-term disability to a large number of people and (ii) creates a substantial risk of public exposure because of the diseases high level of contagion or the method by which the disease is transmitted.

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8/5/16 n/a

- D. QUALIFIED EXEMPTION: Immunity from the imposed immunization requirements based on medical or religious reasons that have been approved by Harris Health System's Human Resources department for members of the ASC workforce who are not part of the medical staff and by Medical Staff Services for members of the ASC Medical Staff.
- E. **VACCINE PREVENTABLE DISEASES**: The diseases included in the most current recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- F. **WORKFORCE:** The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

#### II. GENERAL PROVISIONS:

- A. As a condition of employment, appointment to the medical staff, or access to provide patient care and/or services covered by this policy, as appropriate to each covered person's circumstances and in accordance with patient safety standards, all Workforce members are required to have vaccinations for the following Vaccine Preventable Diseases, have proof of immunity, or obtain a Qualified Exemption for the Vaccine Preventable Disease(s):
  - 1. Hepatitis B;
  - 2. Influenza (received annually);
  - 3. Measles;
  - 4. Mumps;
  - 5. Rubella;
  - Pertussis;
  - 7. Varicella; and
  - 8. Neisseria Meningitdis (Meningococcal).
- B. Persons born prior to 1957 are considered immune for Measles, Mumps, and Rubella and are not required to have these immunizations.

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#### III. PROCEDURES:

A. Harris Health System (Harris Health) Employee Health Services (EHS) may offer immunizations, and when appropriate, provide antibody or serologic testing to Workforce members at no cost, per the Letter of Agreement between Harris Health System and the ASC. EHS shall inform Workforce members about the following:

- 1. Requirements for vaccinations;
- 2. Procedures for receiving vaccination, including completion of the appropriate vaccine consent form;
- Procedures for submitting written proof of vaccination(s) obtained outside of the EHS:
- 4. Procedures for declining vaccination(s) due to a Qualified Exemption; and
- 5. Effects of declining vaccination(s).

#### B. All Workforce members must:

- 1. Receive appropriate vaccination(s), when applicable;
- 2. Provide EHS with written proof of vaccination or immunity from vaccination for each of the Vaccine Preventable Diseases listed above if obtained from the Workforce member's physician, another health care facility, or other vaccination services available in the community. Acceptable proof of vaccination includes a physician note or immunization record, which includes date of vaccination and lot number, if available. Proof of vaccination must include the date of the vaccination; or
- 3. Obtain a Qualified Exemption.
- 4. Note: Workforce members are required to be immunized against influenza each year unless a specific exemption is requested and approved by the ASC. Proof of immunization of influenza obtained outside of Harris Health's EHS must be provided to the Harris Health's EHS on an annual basis.

#### IV. QUALIFIED EXEMPTIONS:

A. Medical Exemptions: Medical exemptions for required immunizations may be provided for certain conditions identified as medical contraindications or precautions by the most current recommendations of the Centers for Disease

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Control and Prevention's (CDC) Advisory Committee on Immunization Practices (AICP).

- 1. Workforce members requesting a medical exemption because of medical contraindications must complete and submit to Harris Health's EHS within thirty (30) days of being notified of the required vaccination, the appropriate Request for Medical Exemption form.
- The Request for Medical Exemption form must include an original signature, the date signed, and be completed by the Workforce member's private physician attesting to the medical contraindications.
- 3. If a medical exemption is provided for a temporary condition, the Workforce member must complete and submit the appropriate Request for Medical Exemption form annually.
- 4. If a medical exemption is provided for a permanent condition, a subsequent Request for Medical Exemption form need only be completed and submitted if vaccine technology changes eliminating the contraindication on which the medical exemption is based.
- 5. If a medical exemption request is denied for incompleteness, the Workforce member will be notified of the denial, including the basis for the denial, and will be required to be immunized pursuant to this policy unless the Workforce member resubmits a fully completed Request for Medical Exemption form.

#### B. Religious Exemptions:

- If a Workforce member declines a vaccination because it conflicts with the Workforce member's religious beliefs, the Workforce member must complete and submit a Request for Religious Exemption form to Harris Health's Human Resources Department within thirty (30) days of being notified of the required vaccination.
- The Request for Religious Exemption form must include an original signature, the date signed, and be completed by the Workforce member's clergy.
- 3. A request for religious exemption will be evaluated on a case-by-case basis by Harris Health's Human Resources Department, per the Letter of Agreement between Harris Health and the ASC, within twenty (20) business days of receipt of the request.

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4. The Workforce member requesting the religious exemption will be notified in writing as to whether his or her request for a religious exemption has been granted. If a religious exemption request is denied, the Workforce member will be notified of the denial, including a basis for the denial, and will be required to be immunized pursuant to this policy.

C. The ASC shall not discriminate or retaliate against a Workforce member who is medically exempt from the required immunizations for Vaccine Preventable Diseases.

#### V. INFECTION CONTROL PROCEDURES:

- A. All Workforce members are responsible for monitoring their health status and reporting to work only when they are not in a status that would put others at risk of contracting an infection, whether viral or bacterial.
- B. All Workforce members are responsible for performing appropriate infection control standards to prevent risk to others and themselves. This includes, but is not limited to, frequent hand washing, masking, covering coughs, and sneezing, disinfecting equipment and work stations, and not reporting to work when ill.

#### VI. NON-VACCINATED WORKFORCE MEMBERS:

- A. Seasonal flu activity can start as early as October and end as late as May. Proof of flu vaccination or exemption will be obtained from October 1<sup>st</sup> to November 15<sup>th</sup>. All Workforce members granted an exemption for the influenza vaccination must wear a surgical mask at all times while unvaccinated and while in any ASC patient care or clinical care areas from November 16<sup>th</sup> of each year through March 31<sup>st</sup> of the following calendar year. These dates may be modified depending on the circulation of influenza in the community.
- B. Workforce members who do not receive vaccination for Measles, Mumps, Rubella, or Varicella will not be allowed to work with high-risk patients.
  - Workforce members who do not receive vaccinations for Measles, Mumps, Rubella, or Varicella will be relieved of their work duties and will be denied access to patient care or clinical care areas should an exposure occur outside or inside the ASC setting.

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C. The time of any Workforce member relieved of work duties as set forth herein shall be handled in accordance with the Harris Health System Paid Time Off (PTO) Policy No. 6.03.

#### VII. COMPLIANCE:

- A. Any Harris Health Workforce member who fails to comply with the requirements of this policy may be suspended without pay until the Workforce member complies. If the Workforce member fails to comply with the requirements of this policy after thirty (30) days, the Workforce member may be terminated.
- B. Any ASC Medical Staff member who fails to comply with the requirements of this policy shall not be permitted to enter patient care or clinical care areas of the ASC.

#### VIII. RESPONSIBILITIES:

- A. Per the Letter of Agreement between Harris Health and the ASC, Harris Health's EHS shall:
  - a. Administer and track vaccinations of Workforce members;
  - Accept and review requests for medical exemptions of Workforce members;
  - c. Notify Harris Health's Human Resources Department of Workforce members receiving medical exemptions;
  - Notify Workforce members who require vaccination through the ASC Administrator;
  - e. Review the Workforce member's vaccination statuses, immunity statuses, and Qualified Exemptions annually and report annually to the ASC Infection Prevention Manager and to Harris Health's Human Resources Department of non-compliant Workforce members;
  - f. Evaluate organizational Workforce member vaccination rates and frequency and reasons for vaccine declinations;
  - g. Establish vaccination requirements; and
  - Maintain written or electronic records of vaccinations, proof of vaccinations, and medical exemptions for all of the Workforce members.

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- B. Per the Letter of Agreement between Harris Health and the ASC, Harris Health's Human Resources Department shall:
  - Accept, evaluate, and approve requests for religious exemptions of Workforce members;
  - b. Coordinate with the ASC Administrator disciplinary procedures for Workforce members who do not comply with this policy; and
  - Maintain written or electronic records of religious exemptions for all Workforce members.

#### C. Medical Staff Services shall:

- a. Ensure compliance with this policy by the ASC Medical Staff.
- Evaluate annually vaccination rates and frequency and reasons for vaccine declinations of the ASC Medical Staff.
- Review documentation annually of vaccination status, immunity status, and Qualified Exemptions for all ASC Medical Staff.
- d. Initiate disciplinary procedures for ASC Medical Staff members who do not comply with this policy.
- Maintain written or electronic records of vaccinations, proof of vaccinations, and religious and medical exemptions for all ASC Medical Staff.
- D. Per the Letter of Agreement between Harris Health and the ASC, Harris Health's Materials Management shall:
  - a. Ensure compliance with this policy by vendor and supplier representatives;
  - b. Evaluate annually vendor and supplier representative's vaccination rates and frequency and reasons for vaccine declinations;
  - Review documentation annually of vaccination status, immunity status, and Qualified Exemptions for all vendor and supplier representatives;
  - d. Initiate disciplinary procedures for vendor and supplier representatives who do not comply with this policy; and
  - e. Maintain written or electronic records of vaccinations, proof of vaccinations, and religious and medical exemptions for all vendor and supplier representatives through the vendor credentialing system.

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#### IX**VACCINE SHORTAGE CONTINGENCY:**

In the event of a vaccine shortage, the ASC Infection Prevention Manager, Harris Health EHS, and Harris Health's pharmacy department will determine an appropriate distribution plan for the resources available. Required vaccinations will be offered to Workforce members based on job function and risk of exposure to the Vaccine Preventable Diseases.

- В. Priority for vaccinations will be given to Workforce who:
  - 1. Provide direct patient care with prolonged face-to-face contact with patients;
  - Care for patients with high risk for complications from a Vaccine 2. Preventable Disease;
  - Have the highest risk of exposure to patients with a Vaccine Preventable 3.
  - Are at high-risk for complications from a Vaccine Preventable Disease. 4.
- C. Workforce members who meet the requirements for priority for vaccinations during a vaccine shortage shall comply with the provisions of this policy.
- D. Workforce members who are not given priority for vaccinations during a vaccine shortage will be required to follow procedures for non-vaccinated Workforce members under Section VI above.

#### X. PUBLIC HEALTH DISASTER:

In the event of a Public Disaster, Workforce members deemed non-immune or exempt from vaccination for a Vaccine Preventable Disease may not provide direct patient care or work in a patient care or clinical care area of the ASC and will be relieved of their work duties and/or denied access to patient care or clinical care areas. The time of any Workforce member relieved of work duties set forth herein shall be handled in accordance with the Harris Health System Paid Time Off (PTO) Policy 6.03.

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#### REFERENCES/BIBLIOGRAPHY:

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### APPENDIX A: WORKFORCE MEMBERS and ASC Medical Staff

Workforce members and ASC Medical Staff may include, but are not limited to, any of the following:

- 1. Individuals who primarily serve in a clinical support role and most often receive patients or provide equipment for patient use in the next site of care. Their role requires them to often work in patient care areas and/or provide assistance to or consult with patient care staff.
- 2. Individuals who serve primarily in a technical support role or product and service sales role. They may provide technical assistance, may occasionally assist with operation of equipment and be in a patient care environment that is not defined as a restricted or sterile area. Their role requires them to often work in patient care areas where other visitors may be present and/or provide assistance to or consult with patient care staff.
  - a. This includes vendor and supplier sales representatives that interact with care providers for the purpose of sales, education, and technical support.
  - b. Examples may include: DME providers, medical device sales, and pharmacy representatives, representatives calling on departments such as laboratory and radiology, and diagnostic representatives.
- 3. Individuals who serve primarily in a clinical support or product sales/service role while attending or observing patient procedures. These individuals often provide technical information and serve as a resource for the medical professional by responding to questions regarding the appropriate operation of their medical equipment.
- 4. Physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, and persons having direct patient contact who may be potentially exposed to infectious agents that can be transmitted to and from patients and others.
- 5. Examples of non-clinical personnel who may provide services in a patient care or clinical area include, but are not limited to:
  - a. Patient Relations & Interpretation Services personnel;
  - b. Facilities Management Personnel;
  - c. Sterile Processing and Material Services technicians;
  - d. Vendor's; and
  - e. Environmental Services personnel;

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#### APPENDIX B:

#### EXAMPLES OF PATIENT CARE OR CLINICAL CARE AREAS

- Admissions and Registration;
- 2. Patient rooms/cubicles;
- 3. Patient exam rooms/areas;
- 4. Hallways of the ASC where patients are located;
- 5. Nursing stations;
- 6. Procedural/operating rooms and areas;
- Hallways connecting waiting areas and exam areas or those connecting clinical areas; and
- Waiting areas.

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Effective Date: Board Motion No:

8/5/16 n/a

TITLE: SAFE HANDLING OF NEEDLES AND SHARPS

**PURPOSE:** To establish procedures for handling needles and sharps that reduces workforce member injuries and exposures to blood and body fluids.

#### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ is committed to reducing the risk of infection to workforce members by safely handling needles and sharps.

#### **POLICY ELABORATIONS:**

#### **DEFINITIONS:**

WORKFORCE: Employees, medical staff, trainees, contractors, volunteers, and vendors.

#### GUIDELINES FOR PROPER HANDLING OF NEEDLES AND SHARPS II.

- The following guidelines must be followed when handling needles and sharps in Α. the ASC:
  - Disposable needles or sharps must be handled in a manner that will 1. minimize the chance of a puncture, cut, or exposure to blood or bodily
  - 2. Recapping should never be done by a two-handed method with a cap held in one hand and the needle inserted in the other hand. Rather, recapping should be done by following one of the following single-handed methods:
    - i. Hemostat Method – Use a hemostat to pick up the cap and recap the stationary needle. The cap may then be tightened with the fingers.
    - Scoop Method Place the cap on its side on a clean surface and ii. carefully scoop it up with the needle. The cap may then be tightened with the fingers. The needle should always be considered contaminated by this procedure and should be replaced with a new sterile needle if needed.

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- 111. Device Assisted Method – Place the cap in the well of a device to hold it for the purpose of recapping.
- 3. Available engineered safety devices must be activated and used to minimize sharp injuries and reduce exposures to blood and bodily fluids.
- Contaminated sharps and needles are disposed of immediately in a 4. puncture proof container.
- All needle disposal boxes are replaced when the boxes are three-fourths 5. (3/4ths) full. Workforce members should never use their hand to push protruding needles or syringes back into the box.
- 6. Assistance should be obtained when starting an IV, giving an injection, or drawing blood from a patient that is uncooperative, combative or confused.
- Plastic blood tubes, syringes, and capillary tubes should always be used instead of glass when available
- Ensure that equipment necessary for performing a procedure is available 8. and accessible.
- 9. If multiple sharps will be used during a procedure, organize the work area so that the sharp is always pointed away from the Workforce member using the sharp.
- 10. Identify the location of the sharps container. If the sharps container is movable, place it as near the point of use as appropriate for immediate disposal. If the sharp is reusable, determine in advance where it will be placed for safe handling after use.
- Do not pass exposed sharps from one person to another. Instead use a predetermined neutral zone or tray for placing and retrieving used sharps.
- В. Disposal of sharps and needles should be in accordance with the Sanitary Environment Protocol.

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#### REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.51(b).

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TITLE: COMMUNICABLE DISEASE WORK RESTRICTIONS FOR

**WORKFORCE MEMBERS** 

PURPOSE: To provide guidance for work restrictions for Ambulatory Surgical Center

(ASC) at LBJ workforce members with a communicable disease or special

conditions.

#### **POLICY STATEMENT:**

Possible transmission of infection by an Ambulatory Surgical Center (ASC) at LBJ ("ASC") Workforce member poses a risk to patients, visitors, and other workforce members. The route of transmission and likelihood of transmission of infection varies with the specific agent and type of contact. As a result, Workforce members with a communicable disease or infection will be assessed for restrictions.

#### POLICY ELABORATIONS:

#### I. DEFINITIONS:

**WORKFORCE:** The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, Medical Staff, trainees, contractors, volunteers, and vendors.

#### II. RESPONSIBILITY:

- A. All Workforce members with a communicable disease should remain away from work until he or she is no longer contagious. Workforce members are responsible for notifying his or her supervisor if they are ill with a communicable disease. Supervisors are responsible for ensuring that Workforce members are compliant with work restrictions when appropriate.
- B. Per the Letter of Agreement between Harris Health System (Harris Health) and the ASC, Harris Health's Employee Health Services is available for consultation when needed.

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### III. PROCEDURES:

A. Any Workforce members with a fever should stay home until he or she has no fever for twenty-four (24) hours without medication. See the table below for guidelines regarding when to stay home in the setting of an acute respiratory viral illness.

Symptoms	Stay At Home	Return to Work
FEVER		
• Fever (T38C or 100.4)	• T >38C or 100.4	No fever for 24 hours(!)
RESPIRATORY SYMPTOMS WITHOUT FEVER	One or more symptoms on high risk units	24 hours after onset of symptoms AND
<ul> <li>Cough</li> <li>Sore throat</li> <li>Nasal congestion / runny nose</li> <li>Myalgia (body aches)</li> </ul>	Two or more symptoms on all other units	No fever  AND     Symptoms have significantly improved
RESPIRATORY SYMPTOMS WITH FEVER (presumed Influenza)  • Fever (T38C or 100.4F) • Cough • Sore throat • Nasal congestion/runny nose • Myalgia (body aches)	T> 38C or 100.4 and at least one symptom	No fever for 24 hours and symptoms have significantly improved

B. A Workforce member who provides patient care and who suspects or knows that he or she is infected with a potential communicable disease shall not engage in any activity that is known to be a risk to others in the ASC.

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- C. Workforce members who are linked epidemiologically to an increase in bacterial or viral infections caused by a pathogen associated with a carrier state may be advised to provide samples for microbiology testing, and, if positive, be excluded from patient contact until carriage is eradicated or the risk of disease transmission is eliminated.
- D. Workforce members who are infected with a potential communicable pathogen should report their condition to their supervisor. Work restrictions are determined on a case-by-case basis.
- For selected conditions, medical clearance by Harris Health Employee Health Services is required prior to return to work. These conditions are set out in Attachment D.

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### REFERENCES/BIBLIOGRAPHY:

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### ATTACHMENT D

Disease Problem	Work Restriction	Duration		
Conjunctivitis	Restrict from patient contact with patient care environment	Until discharge ceases.		
Cytomegalovirus	None			
Diarrhea, acute stage	Restrict from patient contact, contact with patient's environment, or food handling	Until symptoms resolve.		
Diarrhea, convalescent stage, Salmonella	Restrict from care of high risk patients*	Until symptoms resolve.		
Diphtheria	Exclude from duty	Until antimicrobial therapy concluded and 2 cultures obtained greater or equal to 24 hours apart are negative. EHS clearance required.		
Enteroviral Infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve.		
Hepatitis A	Restrict from patient contact, contact with patient's environment, or food handling	Until 7 days after jaundice. EHS clearance required.		
Hepatitis B, acute or chronic surface antigenemia personnel who do not perform exposure prone procedures**	None	EHS clearance required.		
Hepatitis B, acute or chronic surface antigenemia personnel who perform exposure prone procedures	Expert Panel Review	Expert Panel Review. EHS clearance required.		

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Hepatitis C, personnel who do not perform exposure prone procedures	None	EHS clearance required.
Hepatitis C, personnel who perform exposure prone procedures	Expert Panel Review	Expert Panel Review. EHS clearance required.
Herpes Simplex, Genital	None	
Herpes Simplex, HADS (Herpetic Whitlow)	Restrict from patient contact and contact with patient care environment	Until lesions heal.
Herpes Simplex, Orofacial	Restrict from care of high risk patients*	Until lesions heal.
Human Immunodeficiency virus, personnel who do not perform exposure prone procedures	None	EHS clearance required.
Human Immunodeficiency virus, personnel who do perform exposure prone procedurs	Expert Panel Review	Expert Panel Review. EHS clearance required.
Influenza	Exclude from duty	24 hours after resolution of symptoms. EHS clearance required.
Measles, active	Exclude from duty	Until 7 days after rash appears.
Measles, post-exposure (susceptible person)	Exclude from duty	From the 5th day after 1st exposure through the 31st day after last exposure and/or 7 days after rash appears. EHS clearance required.
Meningococcal	Exclude from duty	Until 24 hours after start of effective therapy.
Mumps, active	Exclude from duty	Until 9 days after onset of parotitis. EHS clearance required.
Mumps, post-exposure (susceptible person)	Exclude from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis. EHS clearance required.
Pediculosis (lice)	Restrict from patient contact	Until after one does of effective treatment.

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Pertussis, active	Exclude from duty	Until 5 days after start of effective antimicrobial therapy.
Pertussis, post-exposure, asymptomatic	No restrictions, prophylaxis recommended	
Pertussis, post-exposure, symptomatic	Exclude from duty	Until 5 days after start of effective antimicrobial therapy.
Rubella, active	Exclude from duty	Until 5 days after rash appears.
Rubella, post-exposure (susceptible personnel)	Exclude from duty	From 7th day after 1st exposure through 21st day after last exposure. <b>EHS clearance required</b> .
Scabies	Restrict from patient contact	Until treated.
Skin lesions that cannot be covered precludes hand washing	Restrict from patient contact	
Staphylococcus aureus infection, active draining skin lesions	Restrict from patient contact with patent care environment or food handling	Until lesions have healed.
Staphylococcus aureus infection, carrier state	No restrictions unless personnel are epidemiologically linked to transmission of organism	
Streptococcal Infection, Group A	Exclude from duty	Until 24 hours after start of effective therapy.
Tuberculosis, active disease	Exclude from duty	Until proved noninfectious. EHS clearance required.
Tuberculosis, PPD converter	No restriction	
Varicella, active disease	Exclude from duty	Until all lesions dry and crust.
Varicella, post-exposure (susceptible personnel)	Exclude from duty	From 10th day after 1st exposure through 21st day (28th day if VZIG given after last exposure). <b>EHS</b> clearance required.

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Zoster, localized in healthy person	Cover lesions; restrict from care of high risk patients*	Until all lesions dry and crust.
Zoster, generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesions dry and crust.
Zoster, post-exposure (susceptible person)	Restrict from patient contact	From 10th day after 1st exposure through 21st day (28hth day if VZIG given after last exposure). EHS clearance required.
Viral upper respiratory infection	Restrict from care of high risk patients*	Until 24 hours after symptoms resolve.

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### AMBULATORY SURGICAL CENTER AT LBJ

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Effective Date: 8/5/16 Board Motion No: n/a

TITLE: COMMUNICABLE DISEASE EXPOSURE EVAULATION

PURPOSE: To prevent the acquisition and/or transfer of a communicable disease to a

member of the workforce of the Ambulatory Surgical Center (ASC) at LBJ after

exposure by outlining the process for evaluation post exposure.

### **POLICY STATEMENT:**

Center for Disease Control guidelines will be followed for the evaluation and/or treatment of Ambulatory Surgical Center (ASC) at LBJ Workforce members after their occupational exposure to a known communicable disease.

### **POLICY ELABORATIONS:**

### I. DEFINITIONS:

**WORKFORCE**: The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, Medical Staff, trainees, contractors, volunteers, and vendors.

#### I. RESPONSIBILITIES AND PROCEDURES:

A. The ASC Infection Prevention Manager will be responsible for notifying Harris Health System's ("Harris Health") Employee Health Services of any potential Workforce member exposures related to communicable diseases for events that occur in the ASC. Per the Letter of Agreement between Harris Health and the ASC, Employee Health Services ("EHS") is responsible for contacting the Workforce members, evaluating Workforce members, and treating Workforce members with prophylaxis, if necessary.

#### B. Procedures:

Upon notification of a potential exposure, EHS will validate that the source
case is a laboratory confirmed case. Non-laboratory confirmed
communicable disease exposure cases will be evaluated on a case-by-case
basis using CDC clinical case guidelines, EHS Medical Director review, or
Harris Health's Chief of Infection Prevention review.

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2. Depending upon the recommendations for the individual communicable disease, the EHS nurse will investigate potential Workforce member exposures. This investigation may include some or all of the following:

- a. Review of Workforce member records for the presence of vaccinations or antibody titers; and
- b. Interviewing the Workforce member for the nature of exposure and the presence of any symptoms.
- 3. Depending upon the recommendations for the individual communicable disease, the EHS nurse will follow the order of the EHS Medical Director or Harris Health's Chief of Infection Prevention regarding vaccination, prophylaxis, diagnostic evaluation and treatment, or no additional intervention. Workforce members should be counseled appropriately regarding the exposure and his or her treatment.
- 4. Depending upon the recommendations for the individual communicable disease, the EHS nurse will consult with the EHS Medical Director to determine if the Workforce member should have any work restrictions or be excluded from duty. Workforce members excluded from duty cannot work in the ASC.
- 5. Workforce members excluded from duty by EHS for a confirmed occupational exposure will receive pay.
- All Workforce members excluded from duty require clearance from EHS to return to work.

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Effective Date: 8/5/16 Board Motion No: n/a

### REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.51(b). Bolyard, E.A., et al., The Hospital Infection Control Practices Advisory Committee (1998). American Journal of Infection Control, 26(3), 289-354.

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

### **REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
6/14/16	1.0		The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 03/29/2018	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
		Revised / Approved 02/25/2021	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Revised / 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
		Revised / Approved 08/17/2023	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 02/22/2024	The Ambulatory Surgical Center (ASC) at LBJ Governing Body

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Effective Date: Board Motion No:

8/5/16 No: n/a

TITLE: DETECTION AND MANAGEMENT OF OUTBREAKS

PURPOSE: To delineate the process to verify the existence of an outbreak and initiate

infection control practices to interrupt the transmission of disease-causing

agents.

#### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ will use the processes and practices contained in this policy for the detection and management of outbreaks and the transmission of disease causing agents.

#### POLICY ELABORATIONS:

#### I. DEFINITIONS:

- A. OUTBREAK: An excess over the expected level of disease within a specified period of time or in a geographic area, however one case of disease may constitute an outbreak.
- B. **WORKFORCE**: Employees, Medical Staff, trainees, contractors, volunteers, and vendors.

### II. CONDUCTING AN OUTBREAK INVESTIGATION

- A. Initial Investigation: the following steps will be taken during the initial investigation of a possible outbreak:
  - 1. Confirm the presence of an outbreak;
  - 2. Alert key stakeholders about the investigation;
  - 3. Perform a literature review;
  - 4. Establish a preliminary case definition;
  - 5. Develop a methodology for case finding;
  - 6. Prepare an initial line list and epidemic curve;
  - 7. Observe and review potentially implicated patient care activities;
  - 8. Consider environmental sampling; and
  - 9. Implement initial control measures.

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B. Follow-up Investigation: the following steps will be taken during the follow-up investigation of an outbreak:

- 1. Refine the case definition;
- 2. Continue case finding and surveillance;
- 3. Review regular control measures; and
- 4. Perform an analytic study.

### III. PROCEDURES:

### A. Establish Diagnosis of Reported Cases:

- Develop specific criteria for definition of a case. Initially, this may be a broad definition which is refined as the investigation proceeds (e.g., diarrhea in pediatric patients);
- Write case definition that includes information regarding who, what, when, and where;
- 3. Characterize the nature of the disease, including signs and symptoms, person, place, and time;
- 4. Obtain laboratory specimens to identify specific causative agent;
- Develop an outbreak log-listing of patients, location, culture results, procedures, and clinical findings;
- 6. Compare current incidence with usual or baseline incidents (calculate rates);
- 7. Review existing data to determine if an on-going problem exists; and
- 8. Document findings at each investigative step.

### B. Institute Appropriate Early Control Measures:

- Control measures should be based on the magnitude and nature of the problem;
- 2. List all patients in the ASC and their location before moving a single patient;
- 3. Divide patients into two categories for isolation and bed assignments:
  - a. Affected and probable affected; and
  - b. Exposed
- 4. Designate an area for cohorting patients and staff; and

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Communicate findings and recommendations frequently to key stakeholders through written reports.

### C. Report Additional Cases of the Disease:

- 1. Immediately report new cases to the Infection Prevention Manager through the following:
  - a. Laboratory reports;
  - b. Medical staff;
  - c. Nursing staff; and
  - d. Others as appropriate.
- 2. Investigate cases that may have occurred retrospectively or concurrently:
  - a. Laboratory reports;
  - b. Medical reports;
  - c. Patient charts;
  - d. Physicians and nursing staff;
  - e. Public health data; and
  - f. Discharged patients.

### D. Investigate Sources of Infection:

- Consult Infectious Disease Physician and the ASC Medical Director for treatment options for exposed patients. Consult Harris Health System's Employee Health Services, per the Letter of Agreement between Harris Health System and the ASC, for treatment options for exposed Workforce members.
- Identify practices that are potentially related to the occurrence of the outbreak; and
- 3. Institute surveillance cultures as stipulated per the Infection Prevention.

### E. Evaluate Efficacy of Control Measures:

- 1. Continue monitoring and surveillance activities to identify new cases;
- 2. Prepare written Performance Improvement reports; and

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3. Distribute final summary reports to Infection Prevention, the Medical Director of the ASC, and the Administrator of the ASC.

### REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.51(b).

Association for Practitioners in Infection Control, APIC Text, Online 2014.

Mayhall, Glen C., Hospital Epidemiology and Infection Control, 4th Edition, 2012.

APICTEXT <a href="http://text.apic.org/item-5/chapter-4-outbreak-investiation">http://text.apic.org/item-5/chapter-4-outbreak-investiation</a>.

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

### **REVIEW/REVISION HISTORY:**

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6/14/16	1.0		The Ambulatory Surgical Center
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		02/15/2020	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/25/2021	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
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		08/17/2023	(ASC) at LBJ Governing Body

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#### ATTACHMENT A

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

The ASC at LBJ will follow current guidelines from the Centers for Disease Control (CDC) regarding the COVID-19 pandemic and operational safety.

- Reduce facility risk. Reduce elective procedures, limit points of entry and manage visitors, screen
  everyone entering the facility for COVID-19 symptoms, implement source control for everyone
  entering the facility, regardless of symptoms.
- Identify symptomatic persons as soon as possible. Communicate with patients preoperatively to
  prevent scheduling symptomatic patient. Set up separate screening areas to prevent admission of
  symptomatic patients, staff and providers to the ASC.
- Protect healthcare personnel. Emphasize hand hygiene, install barriers to limit contact with patients
  at check in, encourage social distancing and prioritize N95 masks for aerosol generating procedures.

This interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States, which includes community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (N95 respirators), eye protection, gloves, and gowns.

Please consult the link below for the most up to date guidance from the CDC on these key concepts. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

 Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic

### Implement Telehealth and Nurse-Directed Triage Protocols

When scheduling appointments for routine medical care (e.g., annual physical, elective surgery):

- o Advise patients that they should put on their own cloth mask before entering the facility.
- o Instruct patients to call ahead and discuss the need to reschedule their appointment if they have symptoms of COVID-19 within the 10 days prior to their appointment, if they have been diagnosed with SARS-CoV-2 infection within the 10 days prior to their appointment, or if they have had close contact with someone with suspected or confirmed SARS-CoV-2 infection within 14 days prior to their scheduled appointment.

### Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19

Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while
in a healthcare facility

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- Post <u>visual alerts pdf icon</u> (e.g., signs, <u>posters pdf icon</u>) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions (in appropriate languages) about wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins
- · Limit and monitor points of entry to the facility.
- Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility
  is assessed for <u>symptoms of COVID-19</u>, or exposure to others with suspected or confirmed SARSCoV-2 infection and that they are practicing source control.
  - Options could include (but are not limited to): individual screening on arrival at the facility, or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.
    - Fever can be either measured temperature ≥100.4°F or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.
    - Obtaining reliable temperature readings is affected by multiple factors, including:
      - The ambient environment in which the temperature is measured: If the
        environment is extremely hot or cold, body temperature readings may be
        affected, regardless of the temperature-taking device that is used.
      - Proper calibration of the thermometers per manufacturer standards: Improper calibration can lead to incorrect temperature readings.
      - Proper usage and reading of the thermometers: non-contact infrared thermometers frequently used for health screening must be held at an established distance from the temporal artery in the forehead to take the temperature correctly. Holding the device too far from or too close to the temporal artery affects the reading.
- Properly manage anyone with suspected or confirmed SARS-CoV-2 infection or who has had contact
  with someone with suspected or confirmed SARS-CoV-2 infection:
  - Healthcare personnel (HCP) should be excluded from work and should notify occupational health services to arrange for further evaluation.
  - o Visitors should be restricted from entering the facility and be referred for proper evaluation.
- Patients should be isolated in an examination room with the door closed.
- If an examination room is not immediately available, such patients should not wait among other patients seeking care.
  - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
  - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

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 Depending on the level of transmission in the community, facilities might also consider designating a separate area at the facility (e.g., an ancillary building or temporary structure) or nearby location as an evaluation area where patients with symptoms of COVID-19 can seek evaluation and care.

#### Implement Universal Source Control Measures

Source control refers to use of well-fitting <u>cloth face masks</u> or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

- Patients and visitors should wear their own cloth mask (if tolerated) upon arrival to and throughout
  their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth
  mask
  - Patients may remove their cloth mask when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
  - Facemasks and cloth masks should not be placed on young children under age 2, anyone who
    has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to
    remove the mask without assistance.
  - Visitors who are not able to wear a cloth mask or facemask should be encouraged to use alternatives to on-site visits with patients (e.g., telephone or internet communication), particularly if the patient is at increased risk for severe illness from SARS-CoV-2 infection.
- HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.
  - When available, <u>facemasks</u> are preferred over cloth face masks for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
    - Cloth masks should NOT be worn instead of a respirator or facemask if more than source control is needed.
  - To reduce the number of times HCP must touch their face and potential risk for selfcontamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth mask.
  - HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift.
- Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth mask.

#### **Encourage Physical Distancing**

Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining at least 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.

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Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
  - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call
    applications on cell phones or tablets.
- Scheduling appointments to limit the number of patients in waiting rooms, or creating a process so that
  patients can wait outside or in their vehicle while waiting for their appointment.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.
- Modifying in-person group healthcare activities (e.g., group therapy, recreational activities) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having patients sit at least 6 feet apart.
  - In some circumstances, such as higher levels of community transmission or numbers of patients with COVID-19 being cared for at the facility, and when healthcare-associated transmission is occurring, facilities might cancel in-person group activities in favor of an exclusively virtual format.

For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:

- Reminding HCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other.
- Designating areas and staggered schedules for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

### Implement Universal Use of Personal Protective Equipment

HCP working in facilities located in areas with moderate to substantial community
transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on
symptom and exposure history), HCP should follow <u>Standard Precautions</u> (and <u>Transmission-Based Precautions</u> if required based on the suspected diagnosis).

### They should also:

- Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all
  protected from exposure to respiratory secretions during patient care encounters.
- o Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
  - Aerosol generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings FAQ) and

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- Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (refer to Surgical FAO).
- For HCP working in areas with minimal to no community transmission, HCP should continue to adhere to Standard and Transmission-Based Precautions based on anticipated exposures and suspected or confirmed diagnoses. This might include use of eye protection, an N95 or equivalent or higher-level respirator, as well as other personal protective equipment (PPE). In addition, universal use of a facemask for source control is recommended for HCP if not otherwise wearing a respirator.
- Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19
- In addition to the use of universal PPE and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings. Depending on guidance from local and state health departments, testing availability, and how rapidly results are available, facilities can consider implementing pre-admission or preprocedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2. Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission-Based Precautions when caring for the patient. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.
- Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.
- Facilities must balance the need to provide necessary services while minimizing risk to patients and HCP. Facilities should consider the potential for patient harm if care is deferred when making decisions about providing elective procedures, surgeries, and non-urgent outpatient visits. Refer to the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic for additional guidance.

### Optimize the Use of Engineering Controls and Indoor Air Quality

- · Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include:
  - o Physical barriers and dedicated pathways to guide symptomatic patients through triage areas.
  - Remote triage facilities for patient intake areas.
  - If climate permits, outdoor assessment and triage stations for patients with respiratory
  - Vacuum shrouds for surgical procedures likely to generate aerosols.
  - o Reassess the use of open bay recovery areas.
- Explore options, in consultation with facility engineers, to improve indoor air quality in all shared
  - o Optimize air-handling systems (ensuring appropriate directionality, filtration, exchange rate, proper installation, and up to date maintenance).

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- Consider the addition of portable solutions (e.g., portable HEPA filtration units) to augment air quality in areas when permanent air-handling systems are not a feasible option.
- Guidance on ensuring that ventilation systems are operating properly are available in the following resources:
  - Guidelines for Environmental Infection Control in Health-Care Facilities
  - American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)
    resources for healthcare facilities external icon, which also provides COVID-19
    technical resources for healthcare facilities external icon

#### Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others

Healthcare facilities should have a process for notifying the health department about suspected or confirmed cases of SARS-CoV-2 infection, and should <u>establish a plan</u>, in consultation with local public health authorities, for how exposures in a healthcare facility will be investigated and managed and how <u>contact tracing</u> will be performed. The plan should address the following:

- Who is responsible for identifying contacts (e.g., HCP, patients, visitors) and notifying potentially exposed individuals?
- How will such notifications occur?
- What actions and follow-up are recommended for those who were exposed?

Contact tracing should be carried out in a way that protects the confidentiality of affected individuals and is consistent with applicable laws and regulations. HCP and patients who are currently admitted to the facility or were transferred to another healthcare facility should be prioritized for notification. These groups, if infected, have the potential to expose a large number of individuals at higher risk for severe disease, or in the situation of admitted patients, are at higher risk for severe illness themselves.

Information about when HCP with suspected or confirmed SARS-CoV-2 infection may return to work is available in the <u>Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.</u>

Information about risk assessment and work restrictions for HCP exposed to SARS-CoV-2 is available in the Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 (COVID-19).

Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing resources to assist HCP with anxiety and stress. <u>Strategies to mitigate staffing shortages</u> are available.

Please eonsult access the link below for the most up to date guidance from the CDC on these key concepts:

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

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Interim Infection Prevention and Control Recommendations for Healtheare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemie

Attachment B - Harris Health Ambulatory Surgical Center Risk Assessment\_2024

#### Purpose

The purpose of the Harris Health System infection control risk assessment is to identify and review annually potential risk factors for infection related to the care, treatment, and services provided and to the environment of care in the ambulatory surgical center. The identified risks of greatest importance and urgency are then selected and prioritized. Based on these identified risks, an infection prevention plan is developed to address. risk factors categories: • Geographic • Community • Populations served • Potential for specific infections • General Infection Prevention Practices • Healthcare Workers • Environment of care • Emergency management. The Ambulatory Surgical Center Risk Assessment is reviewed and approved annually by the Geoverning Blody.

#### Assess and score each criterion:

a. Probability of the event/condition occurring determined by evaluating the risk of the potential threat actually occurring. Information regarding historical data, infection surveillance data, the scope of services provided by the facility, and the environment of the surrounding area (topography, interstate roads, chemical plants, railroad, ports, etc.) are considered when determining this score.

b. Potential Severity (magnitude vs mitigation) if the risk occurs, takes into consideration the potential for human impact, property impact and business impact.

c. Potential Change in Care, Treatment, Services on patients and personnel, determined by evaluating the potential to impact the organization's ability to function/remain open; and degree of clinical and financial impact. Organization's preparedness to deal with the event/condition determined by considering preplanning, resources, community and mutual aid and supplies.

#### **Prioritize**

After risk scores are assigned, scores are totaled to provide a numerical risk level for each event/ condition. Select the risks with the highest scores for priority (trigger 10 or higher) to focus on for developing the annual Infection Prevention Plan.

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POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-5004 Page Number: 77 of 78

Effective Date: 8/5/16Board Motion No: n/a

#### Harris Health Ambulatory Surgery Center Risk Assessment \_2024 Worksheet

	Construction of the Constr	SEVERITY (MAGNITUDE VS MITIGATION)						
ISSUE	PROBABILITY  Limithood the will occur:  G = Never 1 = Low 2 = Moderate 3 = 16gh 4 = Certain	HUMAN IMPACT Possibility of Death or Injury: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	PROPERTY IMPACT Physical Losses and Damages: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	BUSINESS IMPACT Interruption of services: 0 = Nover 1 = Low 2 = Moderate 3 = High 4 = Certain	PREPARED- NESS  Preplanning & Frewendon: 0 = None 1 = Low 2 - Moderate 3 = 16gn 4 = Certain	INTERNAL RESPONSE Timo, Effectiveness, Fesources: 0 = Nover 1 = Low 2 = Moderate 3 = Figh 4 = Certain	EXTERNAL RESPONSE Community 8 Multiual And staff and supplies: 0 = Nerver 1 = Low 2 = Moderate 3 = Figh 4 = Certain	Pleason Threat *:
Device-related infection								1034
Implant from Surgical Procedure	2	2	0	- 1	3	3	3	3%
Drain or Tube - Temporary	1	2	1	1	2	3	2	3%
Resistant Microbes								
MRSA	2	2	10	1	3	3	3	4%
VRE	1	2	1	1	3	3	3	2%
Clostridium difficile	1	2	1		3	3	3	2%
other	1	2	1	1	3	3	3	2%
urgical Site Infection	100	1000			100			1000
Superficial	2	1	1	1	3	3	3	3%
Deep	1	2	1	1	3	3	3	2%
Organ space	1.	2	1	- 1	3	3	3	2%
xtrinsic Infection						1		
Patient-to-Patient Transmission	1		.1:	.1	3	3	3	2%
'- Worker-to-Patient Transmission	3	- 1	31		3	3	3	5%
Visitor-to-Patient Transmission	- 1	- 1	1	1	3	3	3	2%
Foodborne / Waterborne	1	- 1	- 1		3	3	3	2%
Vectorborne / Vermin	1	. 1	1	1	3	2	2	3%
Airborne Environmental Source	1	1	1	2	3	2	2	3%
Waterborne / Aerosol Source	1	- 1	1	2	3	2	2	3%
*- Surface / Immediate Environment	3	2	2	1	3	2	2	13%
Infection from inadequate air handling	2	1	1	2	2	2	2	8%
*- Contaminated Instrument/Equip	2	2	2	2	3	3	3	6%
Improper handling of hazardous waste	. 1	2	1	1	2	2	2	4%
Improper storage or disposal of supplies	Y	1	1		2	2	2	3%
Contaminated Med / Product	- 1	1	1	1	2	2	2	3%
nadequate Sterilization	2	2	1	- 1	3	3	2	6%
pecial Populations						1000	100	100
Elderly	2	2	. 1	1	3	2	- 2	7%
Pediatrics	1	1	1	- 1	3	3.	3	.2%
Chronic Conditions	1	- 1	1	1	3	2	2	3%
Non english speaking	2	2	1	.1	2	2	2	8%
Other not specified above				1			1	0%
ailure of Prevention Activities								

POLICY AND REGULATIONS MANUAL

Policy No: Page Number: ASC-P-5004 78 of 78

Effective Date: 8/5/16 Board Motion No: n/a

		SEVERITY (MAGNITUDE Vs MITIGATION)						
ISSUE	PROBABILITY  Likelihood this will occur:  0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	HUMAN IMPACT Possibility of Death or Injury: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	PROPERTY IMPACT Physical Losses and Damages: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	BUSINESS IMPACT Interruption of services: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	PREPARED- NESS  Preplanning & Prevention:  0 = None 1 = Low 2 = Moderate 3 = High 4 = Certain	INTERNAL RESPONSE Time, Effectiveness, Resources: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	EXTERNAL RESPONSE Community & Multual Aid staff and supplies: 0 = Never 1 = Low 2 = Moderate 3 = High 4 = Certain	RISK  Relative Threat *: 0 - 100%
- Lack of Hand Hygeine	3	2	1	1	2	2	2	13%
- Lack of Respiratory Hygeine/cough etiquette	2	2	1	2	2	2	2	10%
- Lack of childhood Immunization	1	1	1	1	3	3	3	2%
Policy and Procedure								
- Lack of Standard Precautions	1	1	1	1	3	3	2	2%
- Lack of Current Policy and Procedures	1	1	1	1	3	3	2	2%
- Failure to follow established policy and procedures	1	1	1	1	3	2	2	3%
Occupational Health								
Bloodborne Pathogen Exposure	1	1	1	1	3	3	3	2%
Tuberculosis Exposure	1	1	1	1	3	3	2	2%
Vaccine Preventable Comm Dis	1	1	1	1	3	3	3	2%
Building / Facility								
Water intrusion	1	2	4	4	2	2	2	10%
Construction & Renovation	2	1	3	3	2	2	2	15%
Utilities loss (refer to facility HVA)	2	2	2	2	2	2	2	13%
Surge capacity	1	2	3	3	2	2	2	8%
Community			0.00					2.33
Menigitis (viral, bacterial)	1	3	1	2	2	2	2	2%
Zika Virus	1	1	1	2	1	1	2	2%
Norovirus	1	1	1	2	3	3	3	2%
Bioterrorism	1	3	2	3	2	2	2	8%
Epidemic/Pandemic	1	2	2	2	2	3	3	4%
	то	TAL AVERAGE	ERISK SCORE:				1	5%

<sup>\*</sup> RISK increases with percentage.

<sup>\*\*</sup> Indicates that the issue presents a heightened opportunity for MDRO infection.

Ambulatory Surgical Center (ASC) at LBJ

Policy No: Page Number: ASC-P-6014 1 of 77

Effective Date: Board Motion No: 4/13/2017 n/a

Facility Safety Manual of the Ambulatory Surgical Center (ASC) at LBJ

Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-6014 Page Number: 2 of 77

Effective Date: 4/13/2017 Board Motion No: n/a

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Ambulatory Surgical Center (ASC) at LBJ

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Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: FIRE DRILL/ALARM PROCEDURE

**PURPOSE:** To establish the protocol to be followed in the event of a fire alarm or scenario-

based fire drill at the Ambulatory Surgical Center (ASC) at LBJ.

#### **POLICY STATEMENT:**

To protect Workforce members of the Ambulatory Surgical Center (ASC) at LBJ ("ASC"), and patients of the ASC from a fire, the ASC will follow Harris Health System's ("Harris Health") Emergency Preparedness Guide and will treat every fire alarm as a serious event.

### I. PROCEDURE:

- A. If a fire alarm ("Code Red") is triggered in the ASC or if a fire is identified in the ASC, the following actions must be taken pursuant to recommendations by the Houston Fire Department (**RACE**):
  - 1. Rescue patients, evacuate to a safe area;
  - 2. Alarm Pull nearest fire alarm, dial ext. x3-7800, give exact location and announce to the ASC that a "Code Red" exists;
    - i. **Note:** if you are unable to contact the operator, dial the Houston Fire Department at 9-911. Do not panic or shout fire.
  - 3. Contain fire, close doors/windows; and
  - 4. Extinguish/Evacuate department/unit.
- B. When operating the fire extinguisher, workforce members must adhere to the following procedure (**PASS**):
  - 1. **P**ull the pin;
  - 2. Aim at the base of the fire;
  - 3. Squeeze the trigger; and
  - 4. Sweep from side to side.
- C. Documentation Requirements after a Fire Drill or Fire Alarm:
  - 1. The ASC Administrator must document the ASC's response to a drill or actual fire, including the scenario for a fire drill, on the <u>Code Red Form</u> (attached here to as Attachment A).
  - 2. The ASC Administrator must complete the appropriate form(s) if a patient, visitor, or a Workforce member is injured.

Ambulatory Surgical Center (ASC) at LBJ

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3. If an actual fire incident occurs at the ASC, the Administrator or his or her designee shall submit a Texas Department of State Health Services Ambulatory Surgical Center Incident Reporting Form within ten (10) business days of the incident.

### REFERENCES/BIBLIOGRAPHY:

Quad A Version 8.2

AAAHC Deemed Status Handbook v42

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Effective Date: Board Motion No: 4/13/2017 n/a

CFC §416.41(C)

### DNV Healthcare NIAHO PE.2. Life Safety Management System

Emergency Preparedness Guide

BTGH Fire Safety Plan Policy FP

HCHD Fire Safety Risks Procedures Policy 7404

Texas Department of State Health Services Ambulatory Surgical Center Incident Reporting Form

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

### **REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/5/2016	1.0		The Ambulatory Surgical Center (ASC) at LBJ Governing Body
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		Reviewed / Approved 02/16/2023	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Reviewed / Approved 02/22/2024	The Ambulatory Surgical Center (ASC) at LBJ Governing Body

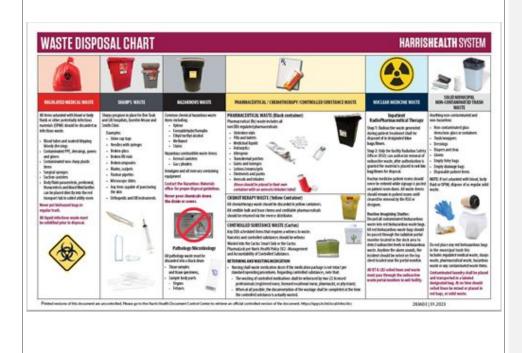
### Ambulatory Surgical Center (ASC) at LBJ

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Effective Date: 4/13/2017 Board Motion No: n/a

### ATTACHMENT "A"

Link to the Harris Health System Code Red Report form



Ambulatory Surgical Center (ASC) at LBJ

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Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: SAFE PATIENT HANDLING AND MOVEMENT PRACTICES

PURPOSE: To identify, assess, and develop strategies to minimize the risk of injury to

patients and workforce members.

### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ ("ASC") is committed to minimizing the risk of injury to patients and workforce members associated with the lifting, transferring, repositioning, or movement of patients.

### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

A. **WORKFORCE:** The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

### II. GUIDELINES:

The following guidelines shall be used, at a minimum, in the ASC to reduce the risk of injury to patients and Workforce members:

- A. Analyze the risk of injury to both the patients and Workforce members posed by the patient population served by the ASC;
- B. Educate Workforce members regarding the identification, assessment, and reduction of risks of injury during patient handling;
- C. Restrict manual patient handling or movement (if feasible with existing equipment and aids) of all or most of a patient's weight to emergency, lifethreatening, or otherwise exceptional circumstances;
- Evaluate alternative ways to reduce risks associated with patient handling, including evaluation of equipment and environment; and
- E. Workforce members should discuss concerns that moving a particular patient will expose a patient or the Workforce member to an unacceptable risk of injury.

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Effective Date: Board Motion No: 4/13/2017 n/a

### III. RESPONSIBILITIES:

A. Pursuant to the Letter of Agreement between Harris Health System ("Harris Health") and the ASC, the Harris Health Learning Resource Center shall:

- Develop and monitor a training program to ensure that all ASC Workforce members involved in patient handling are trained in the use of available equipment; and
- Provide Workforce members proper education on proper body mechanics associated with the lifting, transferring, and repositioning, or movement of a patient.

### B. The ASC Administrator shall:

- 1. Ensure that lifting equipment and aids are available when necessary to be used in safe patient handling activities;
- 2. Designate an individual(s) to monitor and evaluate the procedures of safe patient handling;
- Review the guidelines for proper equipment storage and ensure ASC Workforce members are aware of the guidelines for proper equipment storage; and
- 4. Monitor Workforce members' ability to use moving equipment.

#### C. ASC Workforce members shall:

- Perform a patient assessment, which includes, but is not limited to, the following:
  - i. The level of assistance the patient requires;
  - ii. The size of the patient;
  - iii. The ability of the patient to understand and cooperate; and

Ambulatory Surgical Center (ASC) at LBJ

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Effective Date: 4/13/2017 Board Motion No: n/a

iv. Any medical condition(s) that may influence the choice of methods for lifting and positioning.

- 2. Determine and utilize lifting devices, equipment, and/or additional Workforce members, when necessary, to assist in moving the patient; and
- 3. Utilize proper body mechanics when moving patients.

### REFERENCES/BIBLIOGRAPHY:

Texas Health and Safety Code §2561.001 et seq.

Quad A Version 8.2

AAAHC Deemed Status Handbook v42

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Policy No: Page Number:

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Effective Date: Board Motion No: 4/13/2017 n/a

Conditions for Coverage §416.50

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

### REVIEW/REVISION HISTORY:

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4/13/2017	1.0	Keviseu)	The Ambulatory Surgical Center
., .,			(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/13/2020	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
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		02/17/2022	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/16/2023	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
1		02/22/2024	(ASC) at LBJ Governing Body

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Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: FALLS PREVENTION PROGRAM

PURPOSE: To prevent the risk of patient or visitor fall occurrences at the Ambulatory

Surgical Center (ASC) at LBJ through identification and interventions for those who are at risk for falling; and to provide education to patients, families, and

staff members on measures to prevent falls and promote safety.

#### **POLICY STATEMENT:**

Patients of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") who are at risk for falls will be risk stratified based upon the Ambulatory Care Service (ACS) falls assessment. Patients will receive fall risk education based upon their fall risk assessments.

#### **POLICY ELABORATIONS:**

Recognizing that every patient's safety status may potentially be compromised by the nature of his or her illness or by his or her treatment, basic safety issues will be addressed for all patients, and for those patients identified as a higher level of risk, more in-depth prevention interventions will be implemented.

### I. DEFINITIONS:

- A. **Assisted Fall:** A patient's sudden change in status where they are unable to stand and must be lowered to the floor by a person who is unable to safely return the patient to a chair or bed.
- B. **FALL:** A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person, or on an object (e.g., a trash can). When a patient rolls off a low bed onto a mat or is found on a surface where you would not expect to find a patient, this is considered a fall. If a patient who is attempting to stand or sit and falls back onto a bed, chair, or commode, this is only counted as a fall if the patient is injured.
- C. MORSE FALL RISK ASSESSMENT SCALE: A screening tool used to assess a patient's fall risk potential.

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Effective Date: 4/13/2017 Board Motion No: n/a

D. **UN-WITNESSED FALL:** An un-witnessed fall occurs when a patient is found on the floor and neither the patient nor anyone else knows how he or she got to the floor.

### II. FALLS RISK ASSESSMENT:

A. Patients at risk for falls in the ASC will be risk stratified based upon where the patient is located within the ASC. Based upon the assessment, patients will receive fall risk education and/or visual indications of their fall risk.

#### B. ASC Falls Assessment:

- Pre-Operative area Assessment by a Workforce member:
  - i. Verifies whether the patient has fallen in the last three (3) months;
  - ii. A chart review of the patient medications and age;
  - iii. An assessment of the patient's gait; and
  - iv. Verification of the patient's utilization of an assistive device.
- 2. Based on the Morse Fall Score a patient in the operating room is at high risk for a fall and is treated accordingly.
- A patient in the Post Anesthesia Care Unit is assessed using the Morse Fall Scale.

### III. ALL ASC WORKFORCE MEMBER FALL SAFETY INTERVENTIONS:

- A. ASC Workforce members shall monitor the ASC for environmental safety hazards (e.g., wet floor, tripping hazards, broken equipment, cracked tile, etc.) and report such deficiencies to the appropriate manager or designee.
- B. ASC Workforce members must take the following actions to prevent falls:
  - Keep floors un-cluttered, and remove objects that could cause a patient to trip;
  - 2. Clean up spills promptly and notify Harris Health Environmental Services as needed;
  - 3. Keep grab bars and wall rails in bathrooms and hallways clear from obstruction;

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4. Remove, tag, and report broken equipment to Engineering (nonclinical) and biomed (clinical);

- 5. Report broken furniture to Harris Health Environmental Services for removal; and
- 6. Report and document all patient falls in the Harris Health Electronic Incident Reporting System (eIRS).

#### IV. MONITORING:

- A. ASC Administration will be responsible for:
  - Monitoring and ensuring that Workforce members receive education about the Falls Prevention Program and understand the importance of complying with fall prevention interventions; and
  - 2. Monitoring and evaluating trends and corrective action plan effectiveness.
- B. Nursing will be responsible for:
  - 1. Performing post fall unit huddles to:
    - i. Determine causative factors contributing to the fall;
    - ii. Identifying measures to prevent fall re-occurrence;
    - iii. Communicating trends to Workforce members;
    - iv. Promoting proactive healthcare practices for patient care planning reducing falls risks; and
    - v. Identifying barriers that create process failures and near failures.

#### C. Physical Environment Assessments:

Pursuant to the Letter of Agreement between Harris Health and the ASC, the Harris Health Multidisciplinary Fall Prevention Committee will assess the physical environment of the ASC on a pre-scheduled basis. The Harris Health Multidisciplinary Fall Prevention Committee will be responsible for the following:

1. Monitoring and evaluating trends of fall prevention processes, fall rates, and fall-related sentinel events;

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2. Promoting proactive healthcare practices for patient care planning, which minimizes the risk for falls;

- 3. Communicating fall prevention activities and updates to the appropriate ASC committees as required; and
- 4. Recommending improvement initiatives for fall prevention based upon trends and evidence-based practice.

#### REFERENCES/BIBLIOGRAPHY:

Quad A Version 8.2

AAAHC Deemed Status Handbook v42

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

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4/13/2017	1.0		The Ambulatory Surgical Center
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		Reviewed / Approved	The Ambulatory Surgical Center
		02/25/2021	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/17/2022	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
		02/16/2023	(ASC) at LBJ Governing Body
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		02/22/2024	(ASC) at LBJ Governing Body

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Policy No: ASC-P-6014 Page Number: 15 of 77

Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: SMOKE-FREE/TOBACCO-FREE ENVIRONMENT

PURPOSE: To provide guidelines for maintaining the Ambulatory Surgical Center (ASC) at

LBJ as a smoke-free/tobacco-free environment.

#### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ ("ASC") desires to provide a healthy, smoke-free/tobacco-free environment for all patients, visitors, contractors, vendors, and employees of the ASC. The ASC designates its facility as a "smoke-free/tobacco-free" facility.

#### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

- A. **SMOKING**: Includes carrying a lighted cigarette, cigar pipe, or electronic cigarette/e-cigarette.
- B. **ELECTRONIC CIGARETTE/E-CIGARETTE**: Any electrical device that simulates the act of tobacco smoking.
- C. **WORKFORCE:** The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

#### II. SMOKE-FREE/TOBACCO-FREE ENVIRONMENT:

The ASC prohibits smoking and/or the use of tobacco products in its facility, including the lobby, hallways, restrooms, reception area, seating area, elevator, stairwell, parking lots, and walkways on the premises

#### III. SIGNAGE:

"No Smoking" signs are clearly posted at all prominent areas of the ASC.

#### IV. COMPLIANCE:

A. All Workforce members must comply with this policy and all noncompliant Workforce members are subject to disciplinary action.

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Effective Date: 4/13/2017 Board Motion No: n/a

- B. All ASC Workforce members must inform a patient, the patient's representative or surrogate, or any other individual who is observed smoking on the ASC facility that smoking and/or the use of tobacco products is prohibited and that the ASC is a smoke-free/tobacco-free facility. The ASC Workforce member should then direct the patient, or the patient's representative or surrogate, or other individual to the designated smoking area.
- C. If the patient, the patient's representative or surrogate, or any other individual observed smoking and/or using tobacco products in the ASC refuses to comply with the request to abstain from the use of tobacco products, then the ASC Workforce member will call Harris Health Department of Public Safety and the Harris Health Department of Public Safety will request that the individual stop using tobacco on the ASC and Harris Health premises.

#### REFERENCES/BIBLIOGRAPHY:

AAAHC Deemed Status Handbook v42

Quad A Version 8.2

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Ambulatory Surgical Center (ASC) at LBJ

Policy No: Page Number:

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Effective Date: Board Motion No:

4/13/2017 n/a

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

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8/5/2016	1.0	,	The Ambulatory Surgical Center (ASC) at LBJ
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		Reviewed / Approved 02/25/2021	The Ambulatory Surgical Center (ASC) at LBJ Governing Body
		Revised / 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
		Reviewed / Approved 02/22/2024	The Ambulatory Surgical Center (ASC) at LBJ Governing Body

Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-6014 Page Number: 18 of 77

Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: ABOVE CEILING WORK AND FIRE/SMOKE BARRIER

**MANAGEMENT** 

PURPOSE: To direct the appropriate action for work conducted above ceiling level or

involving penetrations of fire and smoke barriers at the Ambulatory Surgical

Center (ASC) at LBJ.

#### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") to follow the requirements of work performed above ceiling level or involving penetration of fire or smoke barriers shall require the issuance of an Above Ceiling Work and Fire/Smoke Barrier Penetration Permit prior to the beginning of any work. In order to meet this requirement the ASC adopts Harris Health System policy Above Ceiling Work And Fire/Smoke Barrier Management Policy 7406.

#### **REFERENCES/BIBLIOGRAPHY:**

AAAHC Deemed Status Handbook v42

Texas Health and Safety Code §502.001, et seq.

#### **OFFICE OF PRIMARY RESPONSIBILITY:**

The Ambulatory Surgical Center (ASC) at LBI

Ambulatory Surgical Center (ASC) at LBJ

Policy No: ASC-P-6014 Page Number: 19 of 77

Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: HAZARDOUS MATERIALS

PURPOSE: To outline the requirements and standards the Ambulatory Surgical Center

(ASC) at LBJ must follow to ensure compliance with the Hazardous

Communication Act of Texas.

#### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") to follow the requirements of the Hazardous Communication Act of Texas as it relates to the identification, handling, storage, use, and disposal of hazardous chemical or material substances that are known to cause harm to patients, visitors, and workforce members.

#### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

A. **HEALTH HAZARD:** a chemical which is classified as posing one of the following hazardous effects: (1) acute toxicity; (2) skin corrosion or irritation; (3) serious eye damage or eye irritation; (4) respiratory or skin sensitization; (5) germ cell mutagenicity; (6) carcinogenicity; (7) reproductive toxicity; (8) specific target organ toxicity; or (9) aspiration hazard.

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B. **HAZARDOUS CHEMICAL**: An element, compound, or mixture of elements or compounds that is a physical hazard or health hazard, or a hazardous substance.

- C. PHYSICAL HAZARD: A chemical that is classified as posing one of the following hazardous effects: (1) explosive; (2) flammable (gases, aerosols, liquids, or solids); (3) oxidizer (liquid, solid, or gas); (4) self-reactive; (5) self-heating; (6) organic peroxide; (7) corrosive to metal; (8) gas under pressure; or (9) in contact with water emits flammable gas.
- D. SAFETY DATA SHEET ("SDS"): Written or printed material concerning a Hazardous Chemical that is prepared in accordance with the requirements of the OSHA standard for that material.
- E. **WORKFORCE**: The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

#### II. HAZARDOUS CHEMICALS/MATERIALS INVENTORY:

- A. Pursuant to the Letter of Agreement between Harris Health System ("Harris Health") and the ASC, Harris Health shall maintain an inventory list of all Hazardous Chemicals and materials located in the ASC that includes:
  - The identity used on the SDS and container for each Hazardous Chemical listed;
     and
  - 2. The location (room number) where 55 gallons or 500 lbs. of the Hazardous Chemical are stored in the ASC.
- B. Harris Health will update this inventory by December 31 of each year and as necessary on behalf of the ASC. Each annual inventory must be dated and signed by the individual responsible for compiling the information.
- C. All Workforce members must be aware of the inventory and the inventory must be available to all Workforce members.
- D. Pursuant to state law, Harris Health will maintain each annual inventory for the ASC for at least thirty (30) years.

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#### III. SAFETY DATA SHEETS (SDS):

A. Harris Health shall have available a SDS for all Hazardous Chemicals and substances used or stored in the ASC.

- B. The SDS's will be made available online via Harris Health's Safety & Environmental Health intranet page.
- C. SDS's received by the ASC will be included in the inventory.

#### IV. LABELS:

- A. Workforce members are not permitted to remove labels on an existing container of a Hazardous Chemical or material.
- B. If a label on a container of a Hazardous Chemical or material is illegible, inaccurate, or does not conform to the Occupational Health and Safety Administration standard, then the ASC Administrator must contact Administrative Director Logistics, EMS, and Ancillary Support Services.

#### V. EDUCATION PROGRAM:

Pursuant to the Letter of Agreement between the Harris Health and the ASC, Harris Health's Learning Resource Center (LRC) shall provide training to Workforce members that meet the requirements of the Hazard Communication Act of Texas on how to handle hazardous chemicals.

#### VI. Alcohol Based Hand Sanitizer

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A. Harris Health shall have available a SDS available for all Alcohol Based Hand Sanitizer used throughout the ASC.

B. All mounted ABHS shall be installed properly and within the guidelines as defined my by NFPA 101 Life Safety Code.

#### REFERENCES/BIBLIOGRAPHY:

Quad A Version 8.2

AAAHC Deemed Status Handbook v42

Texas Health and Safety Code §502.001, et seq.

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

#### **REVIEW/REVISION HISTORY:**

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		Reviewed / Approved	The Ambulatory Surgical Center
		02/25/2021	(ASC) at LBJ Governing Body
		Revised / Approved	The Ambulatory Surgical Center
		02/17/2022	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
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Effective Date: Board Motion No: 4/13/2017 n/a

TITLE: HAZARDOUS CHEMICAL SPILLS

PURPOSE: To provide the process for reporting and responding to hazardous chemical

spills and to state the how hazardous chemical spills will be managed in the

Ambulatory Surgical Center (ASC) at LBJ.

#### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") to ensure a safe environment for its patients and workforce members by promptly and efficiently responding to and cleaning all spills of hazardous chemicals.

#### I. DEFINITIONS:

- A. **HAZARDOUS CHEMICAL SPILL:** The spilling of any element, compound, or mixture of elements or compounds that is a physical hazard or health hazard, or a hazardous substance.
- B. **HEALTH HAZARD:** a chemical which is classified as posing one of the following hazardous effects: (1) acute toxicity; (2) skin corrosion or irritation; (3) serious eye damage or eye irritation; (4) respiratory or skin sensitization; (5) germ cell mutagenicity; (6) carcinogenicity; (7) reproductive toxicity; (8) specific target organ toxicity; or (9) aspiration hazard.
- C. PHYSICAL HAZARD: A chemical that is classified as posing one of the following hazardous effects: (1) explosive; (2) flammable (gases, aerosols, liquids, or solids); (3) oxidizer (liquid, solid, or gas); (4) self-reactive; (5) self-heating; (6) organic peroxide; (7) corrosive to metal; (8) gas under pressure; or (9) in contact with water emits flammable gas.
- D. **SAFETY DATA SHEET ("SDS")**: Written or printed material concerning a Hazardous Chemical that is prepared in accordance with the requirements of the OSHA standard for that material.
- E. **WORKFORCE**: The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

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#### II. PROCEDURE:

A. Hazardous Chemical Spill incidents that present a direct hazard to the internal environment of the ASC are to be reported to the Page Operator of the Lyndon B. Johnson Hospital by dialing x3-2538 or x6-5566.

- B. The emergency code "Condition Yellow" will be announced by the page operator. The page operator will then notify the Hazardous Chemical Response Team (HCRT) that a Condition Yellow exists and the location of the spill event/incident.
- C. The designated responders to a Hazardous Chemical Spill include:
  - 1. Laboratory Team Leader;
  - 2. Harris Health's Department of Public Safety;
  - 3. Harris Health's Department of Environmental Services;
  - 4. Harris Health's Engineering Department;
  - 5. Harris Health's Hazardous Materials Department; and
  - 6. Harris Health's Safety Emergency Management and Administration.
- D. All Hazardous Chemical Spills will be promptly contained, cleaned, and disposed of in a manner that minimizes risk to Workforce members, patients, and visitors.
  - Hazardous Chemical Spills that are assessed as being manageable and safe will be managed by the Hazardous Chemical Response Team.
  - Larger and unsafe Hazardous Chemical Spills ("Major Spills") will be reported to the Houston Fire Department or HAZMAT authorities with a request for assistance.
  - 3. The following constitute Major Spills:
    - i. The spill involves quantities greater than two (2) liters;
    - ii. Life-threatening condition exists;
    - iii. The condition requires the immediate evacuation of all Workforce members and patients from the ASC;
    - iv. The contents of the spilled material are unknown;
    - v. The spilled material is highly toxic, bio-hazardous, radioactive, or flammable;

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vi. Physical symptoms of exposure exist;

- vii. The spill requires an immediate onsite intervention from the HCRT;
- 4. Spills located outside the ASC facility will be managed by the Houston Fire Department or HAZMAT authorities.
- 5. The Safety Data Sheets shall be used to obtain information about containment of the material, appropriate personal protective equipment that should be worn during containment, and the clean-up and disposal procedures to be used.
- E. "Condition Yellow" will remain in effect until the Page Operator receives communication from the Hazard Chemical Response Team that the "Condition Yellow" no longer exists.
- F. Spill incidents will be documented on Harris Health System form #280965.
- G. Staff education and training programs for the management of Hazardous Chemical Spills will be conducted annually by the Harris Health System Learning Resource Center pursuant to the Letter of Agreement between Harris Health System ("Harris Health") and the ASC. The Learning Resource Center will also provide education and training during new hire orientation.

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Effective Date: 4/13/2017 Board Motion No: n/a

Please Complete All Fields     Forward Original Copy to Pavilion Safety Office     Please Retain A Copy Within Your Department		
FACILITY    BT   LBJ   QM   ACS (name of clinic)     HOLLY HALL   KIRBY		
DATE OF EVENT:		
TIME EVENT STARTED:	TIME EVENT ENDED:	
DEPARTMENT OF SPILL:		
SPECIFIC LOCATION OF SPILLI		
WAS A CODE YELLOW CALLED? ☐ YES ☐ NO		
WAS THE HAZARDOUS SUBSTANCE RELATED TO CHEMOTHE	RAPY DRUGS: TYES TWO	
WHAT IS THE NAME OF THE HAZARDOUS SUBSTANCE?		
DID ANYONE INVOLVED REFER TO THE SAFETY DATA SHEET	FOR THE HAZARDOUS CHEMICAL? YES NO	
DID THE STAFF USE THE APPROPRIATE PERSONAL PROTECTS	ON EQUIPMENT (PPE)? YES NO	
DID THE DEPARTMENT CLEAN-UP THEIR OWN SPILL? TYES	i □no	
DID EVS/HK CLEAN-UP THE RESIDUAL OF THE SPILL?	i [NO	
In your own words below, please explain your experienc	ce with the spill?	
List names of workforce members involved with the spill	4.	
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Quad A

<u>AAAHC</u>

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Effective Date: 4/13/2017 Board Motion No: n/a

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

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		Reviewed / Approved	The Ambulatory Surgical Center
		02/16/2023	(ASC) at LBJ Governing Body
		Reviewed / Approved	The Ambulatory Surgical Center
		02/22/2024	(ASC) at LBI Governing Body

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Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: STANDARD AND TRANSMISSION BASED PRECAUTIONS

PURPOSE: To prevent the transmission of healthcare associated or community acquired

organisms and/or infections to patients, visitors, and members of the

Ambulatory Surgical Center at LBJ's workforce.

#### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting.

#### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

- A. AIRBORNE INFECTION ISOLATION ROOM (AIIR): Formerly, negative pressure isolation room, an AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. AIIRs should provide negative pressure in the room so that air flows under the door gap into the room; and an air flow rate of 6-12 ACH and direct exhaust of the air from the room to the outside of the building or recirculation of air through a HEPA (high-efficiency particulate air) filter before returning to circulation.
- B. COHORTING: Applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. Cohorting patients during outbreaks, Workforce members may be assigned to a cohort of patients to further limit opportunities for transmission to Cohorting staff.
- C. MULTI-DRUG RESISTANT ORGANISM (MDRO): In general, bacteria, excluding M. Tuberculosis, that are resistant to one or more classes of antimicrobial agents and usually are resistant to all but one or two commercially available antimicrobial agents e.g, MRSA, VRE, Extended Spectrum Beta-Lactamse (ESBL) producing or intrinsically resistant gram negative bacilli, or Carbapenem Resistant Enterobacteriacae (CRE). In addition, organisms of clinical significance or that have special virulent properties such as Clostridium difficile will be considered in the same fashion.

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D. **OTHER POTENTIAL INFECTIOUS ORGANISMS**: Human body fluids shall be treated as if they are known to be infectious for blood borne pathogens. These fluids include, but are not limited to:

- i. Amniotic Fluid;
- ii. Pleural Fluid;
- iii. Blood;
- iv. Saliva (in dental procedures);
- v. Cerebrospinal Fluid;
- vi. Semen;
- vii. Pericardial Fluid;
- viii. Synovial Fluid;
- ix. Peritoneal Fluid; and
- x. Vaginal Secretions
- E. **Personal Protective Equipment**: A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, and gowns.
- F. QUALIFIED LICENSE PRACTITIONER (QLP): Any individual permitted by law and by the ASC to provide care and service, without relevant direction or supervision within the scope of the individual's license and consistent with individually granted privileges.

#### G. REGULATED MEDICAL WASTE:

 i. A liquid or semi-liquid blood or Other Potentially Infectious Material (OPIM); contaminated items that would release blood in a liquid or semi-liquid state if compressed;

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ii. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.

- H. RESPIRATORY HYGIENE/COUGH ETIQUETTE: A combination of measures designed to minimize the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings.
- I. STANDARD PRECAUTIONS: A group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes hand hygiene, and depending on anticipated exposure, the use of gloves, gowns, masks, eye protection, or face shields.

#### J. TRANSMISSION-BASED PRECAUTIONS:

- i. Transmission-Based Precautions are used when the routes of transmission are not completely interrupted by using Standard Precautions alone. There are three (3) categories of Transmission-Based Precautions: (1) Contact Precautions; (2) Droplet Precautions; and (3) Airborne Precautions.
- ii. These three categories of Transmission-Based Precautions may be combined together for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.
- K. WORKFORCE: Employees, Medical Staff, trainees, contractors, volunteers, and vendors.

#### II. GENERAL PROVISIONS:

A. It is safer to "Over-Isolate" than to "Under Isolate." If there is a question regarding isolation, then the more stringent Isolation Precaution should be used until a definitive diagnosis is confirmed.

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B. All QLPs, nurses, students, etc., are responsible for complying with Isolation Precautions.

- C. Education and training on preventing transmission of infectious agents with healthcare will be provided during orientation to the ASC and thereafter, annually.
- D. Identification of MDROs:
  - i. The ASC's pre-procedure screening clinic will aid in the coordination of patient care by identifying patients with MDROs so that those patients receive the appropriate level of care, i.e. care at either Lyndon B. Johnson Hospital or Ben Taub General Hospital.
  - Harris Health's Laboratory will alert infection prevention and nursing of an MDRO laboratory result pursuant to the Letter of Agreement between Harris Health and the ASC.
- E. Nursing will initiate the appropriate isolation immediately.
- F. The patient will be placed in the isolation room. The appropriate signage must be placed on the isolation room door and the isolation type should be entered into the patient's medical record.
- G. Categories of Standard and Transmission-Based Precautions
  - i. Standard Precautions: This presumes that all body substances may carry infectious agents. PPE appropriate to the potential exposure should be worn. PPE may not be worn in hallways, nursing stations, other areas outside of the ASC, or in isolation rooms, when applicable.
  - ii. Contact Transmission Precautions: These precautions are based on direct contact with an infected patient or contact with a contaminated environment. Gowns and gloves should be worn by ASC QLP or other personnel to protect against contact with body fluids or contaminated surfaces.
  - iii. Droplet: Droplet Transmission Precautions are based on an infectious agent being transmitted from droplets that can reach the respiratory tract of a susceptible host; and

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1. Surgical face masks must be work within 3–6 feet of an individual with a respiratory infection;

- 2. Gowns and gloves should be worn if Workforce members or QLPs are touching surfaces where droplets may have landed.
- iv. Airborne Precautions: Airborne transmission occurs by the dissemination of small particles that can remain suspended in the air for considerable time. N95 Respirators are required to be worn by Workforce members and QLPs as an Airborne Precaution.
- H. Workforce members will instruct visitors about precautions to be taken while visiting patients in the isolation room. PPE must be worn by all visitors in the isolation room.
- I. Patients having the same pathogen may be Cohorted in the absence of private rooms.

#### III. GUIDELINES FOR THE ISOLATION OF PATIENTS WITH MULTI-DRUG RESISTANT ORGANISMS:

- A. Patients colonized or infected with any identified MDRO must be initially placed in the ASC isolation room. Appropriate signage must be placed on the door of the isolation room to alert Workforce members.
- B. After the MDRO has been identified, the following steps will be followed:

#### i. TB Infection:

 If a patient has TB, that patient will remain in the ASC isolation room the patient's surgery/procedure at the ASC will be cancelled.

#### ii. Other MDROs:

1. If a patient has another MDRO (MRSA, VRE, VIRE), the ASC's Medical Director, Administrator, and infection Prevention Manager in consultation with the surgeon will make a determination as to whether that patient's scheduled surgery/procedure may continue as scheduled and what precautions, if any, need to be taken.

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Effective Date: 4/13/2017 Board Motion No: n/a

#### IV. MANAGEMENT OF THE ENVIRONMENT:

A. Environmental Services: All trash, linen, and cleaning of rooms in the ASC are the same for all patients regardless of whether that patient has been in the isolation room. Privacy curtains must be changed at the patient's discharge.

- B. Patient Care Equipment: When possible, equipment should be dedicated. If common equipment is unavoidable, then that equipment must be cleaned and disinfected after each use with an ASC approved product.
- C. Patient Supplies: Supplies that are kept in the isolation room should be kept to a minimum and any leftover supplies from the isolation room should be discarded when the patient is discharged.

#### V. SPECIAL CONSIDERATIONS:

- A. Surgery and Procedure Rooms: In the event that patients with a communicable disease are scheduled for surgery at the ASC and who are placed in the ASC isolation room, those patients' surgeries and/or procedures should be done as the last case of the day with a terminal clean being completed after the procedure concludes. If it is not possible to perform this surgery as the last case of the day, then a terminal clean must be performed on the operating room before the next surgery is performed.
- B. Guest Transportation: Patients transported outside the ASC must be transported with appropriate barriers in place, such as surgical masks on patients with a respiratory illness. Workforce members must wear appropriate PPE during the transport.

#### **REFERENCES/BIBLIOGRAPHY:**

APIC Text On-Line, Chapter 29 Isolation Precautions-Recommendations.

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

Conditions for Coverage 416.51.

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Policy No: ASC-P-6014 Page Number: 35 of 77

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### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

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Effective Date: 4/13/2017 Board Motion No: n/a

TITLE: RECALLS/SAFETY ALERTS/WITHDRAWALS

PURPOSE: To comply with regulatory guidelines requiring the establishment and

maintenance of a program for effectively managing safety recalls, alerts, and

withdrawal notifications.

#### POLICY STATEMENT:

The Ambulatory Surgical Center (ASC) at LBJ ("ASC") is committed to ensuring that an active program for the management of safety recalls and alerts is established and maintained.

#### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

- **A. ALERT:** Issued in situations where a medical device may present an unreasonable risk of harm. In some cases, these situations are also considered recalls.
- **B. RECALL:** Actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by the Food and Drug Administration (FDA) request, or by FDA order under statutory authority. Recall classification discussion is included below.
- **C. WITHDRAWALS:** Occurs when a product has a minor violation that would not be subject to FDA legal action. The firm removes the product from the market or corrects the violation. A product removed from the market due to tampering, without evidence of manufacturing or distribution problems would be a market withdrawal.

#### II. RECEIVING A RECALL/ALERT/NOTICE:

**A.** Harris Health System ("Harris Health") is a member of the National Recall Alert Center and ECRI Alert Tracker Notification Systems.

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**B.** When recalls/alert notices are received through notification channels, the Harris Health manager of the product or medical device will provide notification to the ASC within the time frames established by the notice or regulatory requirement to ensure adequate research and response time and return of status to the notice distributor pursuant to the Letter of Agreement between Harris Health System ("Harris Health") and the ASC.

- **C.** Adherence to the manufacturer, vendor, distributor, or FDA instructions is key to appropriate actions for identified products or devices.
- **D.** Recalls are classified by the FDA as follows:
  - 1. Class I:

A situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death

2. Class II:

A situation in which the use of or exposure to a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote

3. Class III:

A situation in which the use of or exposure to a violative product is not likely to cause adverse health consequences.

#### III. RESPONSIBILITIES:

- **A.** Primary Distributors of Safety Recall/Alert Notices:
  - 1. The following Harris Health departments have primary responsibility for receiving and distributing safety recall and alert notices to the ASC pursuant to the Letter of Agreement between Harris Health and the ASC:

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i. Supply Chain Management;

ii. Pharmacy;

- iii. Biomedical Engineering; and
- iv. Nutrition Services.
- 2. Manufacturers may directly contact or send notice to the ASC. In this case, the ASC is responsible for ensuring the appropriate Harris Health commodity or device manager receives a copy of the alert. If a recall/alert notice is received for a product that is not managed by one of the Harris Health departments listed above, the ASC must notify the Safety and Environmental Health Director for Harris Health of the recall/alert.
- Primary Distributors of safety recall/alert notices will summarize recall information as follows:
  - i. Number of recalls/alerts received;
  - ii. Classification of recalls (FDA definitions);
  - iii. Number of recalls/alerts affecting the organization; and
  - iv. The number of recall/alert notices responded to within timeframes established by the notice or regulatory requirement as a proportion of the total number of recall/alert notices received and requiring reply.
- Summarized information will be provided monthly to the Harris Health Safety and Environmental Health (S&EH) Department within five (5) business days of the month in the format provided by S&EH.
- 5. This information along with any corrective action plan will be posted to the Harris Health Physical Environment Committee dashboard and presented to the Physical Environment Committee by the primary recall/alert notice distributor or designee when response times are non-conforming or a serious incident has occurred from the affected product/device. This information will be presented directly to the ASC by the primary notice distributor or designee when the ASC is affected.

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#### **B.** Product User Groups:

 Investigate for the presence of the device or product described in the safety recall/alert notice;

- Ensure compliance with reporting time frame requirements as established by the safety recall/alert notice or regulatory requirement; and
- 3. Report on hand quantities to the recall/alert notice distributor as required by the notice or regulatory requirement.

#### REFERENCES/BIBLIOGRAPHY:

Quad Version 8.2

AAAHC Deemed Status Handbook v42

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

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Policy No: ASC-P-6014 40 of 77 Page Number:

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TITLE: SURGICAL SPECIMENS POLICY

**PURPOSE:** To outline the procedures to follow and use to properly care for surgical

specimens obtained in the Ambulatory Surgical Center (ASC) at LBJ.

#### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ ("ASC") to properly manage surgical specimens obtained from patients of the ASC.

#### **POLICY ELABORATIONS:**

#### **DEFINITIONS:**

- CYTOLOGIC SPECIMEN: A thin tissue or blood sample that is used to examine the structure, function, multiplication, pathology, and life history of cells for diagnostic purposes.
- FROZEN SPECIMEN: A specimen of tissue that has been frozen to be used for В. diagnosis.
- C. WORKFORCE: The members of the governing body of the Ambulatory Surgical Center (ASC) at LBJ, employees, medical staff, trainees, contractors, volunteers, and vendors.

#### **SPECIMEN LABELING:** II.

- A. ASC Workforce members are responsible for properly labeling all patient specimens after collection.
- В. Specimen labels must contain at least the following identifying information:
  - 1. Patient's first and last name;
  - 2. Patient's date of birth;
  - 3. Patient's medical record number; and
  - 4. Collection date, time, and initials of the Workforce member collecting the specimen.

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#### III. PROPER HANDLING OF SURGICAL SPECIMENS:

#### A. Specimens placed in Formalin:

- i. The following procedures must be followed when handling surgical specimens that must be put in Formalin and be refrigerated until Harris Health System's Pathology department retrieves the specimen:
  - A patient label that contains the patient's name, date of birth, and medical record number must be placed on the specimen container.
  - ii. The Workforce member labeling the container must:
    - a. Write his or her initials on the container;
    - b. Document the time and date the specimen was taken;
    - c. Document the name of the specimen;
    - d. Document the OR location; and
    - e. Document the attending physician's name.
  - As a second verification, the scrub nurse must also write his or her initials on the container.
  - iv. A second patient label containing the date and time that the specimen was taken and the OR location must be placed in the ASC Laboratory's specimen collection log.

#### B. Frozen Specimens:

- 1. The following procedures must be followed when handling frozen specimens:
  - i. Harris Health System's Histology department will be notified of the ASC's need for a frozen section identification prior to a patient's scheduled surgery or procedure, or if not prior to the schedule surgery or procedure, immediately after the attending physician indicates a need. Harris Health System Histology can be contacted by calling 713-566-5286.

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ii. Steps (i) – (v) set out above in Section III.A. will be followed for the proper handling of a frozen specimen.

iii. Once steps (i) – (v) are completed, the specimen must be delivered to the 3<sup>rd</sup> floor of the Lyndon B. Johnson hospital where it must be given to a pathologist or a pathology resident.

#### C. Cytologic Specimens:

- The following procedures must be followed when handling a Cytologic specimen:
  - i. Harris Health System's Cytology department will be notified of the ASC's need for a STAT cytology prior a patient's scheduled surgery or procedure, or if not prior to a patient's scheduled surgery or procedure, as soon as the attending physician indicates a need for a STAT Cytology. Harris Health Cytology department can be contacted by calling 713-566-5286.
  - ii. Steps (i) (v) set out above in Section III.A. will be followed for the proper handling of a cytologic specimen.
  - iii. Once steps (i) (v) are completed the specimen must be delivered to the  $3^{rd}$  floor of the Lyndon B. Johnson hospital where it must be given to a pathologist or a pathology resident.

#### D. Special Considerations:

- 1. All breast biopsies must be taken with proper documentation to the 3<sup>rd</sup> floor of the Lyndon B. Johnson hospital, where the biopsy must be given to a pathologist or a pathology resident.
- 2. Any smaller biopsy (i.e., prostate biopsy) must be placed in Formalin and the process set out in Section III.A. must be followed.

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3. If any question arises during the process of collecting and handling a surgical specimen, Harris Health System's Pathology department must be called for assistance. Harris Health's Pathology department's telephone number is 713-566-5260.

#### REFERENCES/BIBLIOGRAPHY:

Quad A Version 8.2

AAAHC Deemed Status Handbook v42

#### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

#### **REVIEW/REVISION HISTORY:**

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4/13/2017	1.0	Reviewed / Approved	The Ambulatory Surgical Center
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TITLE: EXEMPTION OF SPECIMENS FOR SUBMISSION TO SURGICAL

PATHOLOGY FOR LABORATORY EXAMINATION

PURPOSE: To establish the guidelines to be used relating to the standard or automatic

examination; or exemption from examination; of specimens derived from

invasive procedures.

#### **POLICY STATEMENT:**

In accordance with the College of American Pathologists standards, guidelines, and regulations relating to routine standard or automatic examination of specimens derived from invasive procedures, the procedures established herein shall be used the Ambulatory Surgical Center (ASC) at LBJ ("ASC") in determining which specimens may be exempt from analysis.

#### POLICY ELABORATIONS:

Certain specimens derived from invasive procedures do not warrant routine, standard, or automatic examination by surgical pathology or other laboratory departments. The following lists and guidelines are in accordance with the College of American Pathologists guidelines for determining which specimens may be exempt from analysis.

#### I. DEFINITIONS:

- A. ANIMATE SPECIMEN: Any biologic specimen.
- B. **INANIMATE SPECIMEN:** Any non-biologic specimen.

#### II. EXAMINATION EXEMPT SPECIMENS:

- A. The following specimens shall be exempt from examination by the laboratory:
  - 1. Intra-Uterine Devices (IUD);
  - 2. Arch bars/dental wires;
  - 3. Chest tube;
  - 4. Gastrostomy tube;
  - 5. Ileo-jejunostomy tube;

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6. Pressure Equalizing Tube;

- 7. Tracheostomy tube;
- 8. Tenckhoff catheter;
- 9. Orthopedic hardware, device, and implants;
- 10. Implants (plastic surgery, ENT-related);
- 11. Pacemaker batteries;
- 12. Shunt tubing;
- 13. Wound drains, wound VACs;
- 14. Antibiotic beads;
- 15. Stents;
- 16. Fragments of apparently normal bone in trauma cases and in orthopedic reconstructive procedures (THA, TKA, bunions, distal clavicle resection for rotator cuff);
- 17. Bone chips;
- 18. Clots and thrombi from trauma casts;
- 19. Fragments from debridement;
- 20. Foreskin from patients less than fourteen (14) years old;
- 21. Ocular lenses;
- 22. Skin scar (except I patients with C-section keloids, or previous history of lesion of site scar), i.e., plastic surgery scars;
- 23. Clinically normal skin, fat, cartilage, muscle, or bone from cosmetic/plastic/reconstructive surgical cases;
- 24. Arthroscopy joint surface shavings, menisci, loose bodies;
- 25. Pterygia;

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26. Vaginal/Vulvar tissue from anterior and posterior repair;

- 27. Fingernails and toenails;
- 28. Teeth;
- 29. Liposuction material (fat);
- 30. Rib (for thoracic access, in patients with non-neoplastic bone disease); and
- 31. Saphenous Vein segments harvested for CAB.

#### III. SPECIMENS THAT MUST ALWAYS BE SENT TO PATHOLOGY:

- A. Renal calculi (routinely submitted for stone analysis) must always be sent to pathology for examination.
- B. Medico-legal specimens (i.e., bullets, foreign bodies, etc.), which require chain of custody to allow the material to be used as evidence in a court of law, should not be sent to pathology but should be handed over to the appropriate peace officer directly after surgical removal from the patient.

#### REFERENCES/BIBLIOGRAPHY:

Ouad A Version 8.2

AAAHC Deemed Status Handbook v42

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TITLE: APPROVED PROCEDURES

**PURPOSE:** To specify the procedures approved to be performed in the Ambulatory Surgical Center (ASC) at LB].

#### **POLICY STATEMENT:**

The Ambulatory Surgical Center (ASC) at LBJ ("ASC") will maintain a list of procedures approved by the Medical Executive Committee and Governing Body to be performed in the ASC.

#### POLICY ELABORATION:

- A. The approved list of procedures for the ASC contains procedures that may be performed in the ASC. However, the approved list of procedures may include procedures that are not contained on Harris Health System (Harris Health)'s Schedule of Benefits. In those situations, the procedure may not be performed for patients who are a part of Harris Health's financial assistance program, while the procedure may be performed if the patient pays for the procedure in advance or has a guarantor who will pay for the procedure.
- **B.** Only procedures on the approved list of procedures for the ASC will be performed in the ASC.
- **C.** A Medical Staff member of the ASC may make a request to the Medical Executive Committee that a procedure be added to the approved list of procedures for the ASC. If the Medical Executive Committee approves the request, it will be sent to the Governing Body for final approval. If the Governing Body approves, the procedure will be added immediately to the approved list of procedures for the ASC.
- **D.** Any Medical Staff member of the ASC requesting privileges to perform a procedure on the approved list of procedures for the ASC must submit a request for such privileges in accordance with the Medical Staff Bylaws of the ASC.
- **E.** Nursing and other support staff must be trained on all procedures before they may be performed in the ASC. A Practitioner privileged to perform the procedure, as well as appropriate equipment representatives, will conduct the training.
- **F.** Attachments:
  - 1. Attachment A Approved Procedures for the ASC

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### OFFICE OF PRIMARY RESPONSIBILITY:

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		02/17/2022	(ASC) at LBJ Governing Body
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Effective Date: 4/13/2017 Board Motion No: n/a

#### Attachment A

## Approved Procedures for the Ambulatory Surgical Center (ASC) at LBJ Approved February 2023

Anesthesiology

Monitored anesthesia care

General anesthesia

Regional anesthesia (including upper and lower extremity blocks)

Neuraxial analgesia (including epidural, spinal, and combined spinal and epidural)

Blood patch

Topical anesthesia

Local anesthesia

General Surgery

Amputation Digit (toe, finger)

Anorectal Exam

Anoscopy & Biopsy

Axillary Node Dissection

Biopsy - Muscle

Biopsy of rectum

Biopsy or Excision of Lymph Nodes

Breast Biopsy/Lumpectomy/Mass excision

Breast Lumpectomy with wire localization/Sentinel Node Biopsy

Circumcision

Cholecystectomy (Laparoscopic/open)

Colonoscopy

Condylomata fulgeration/excision

Debridement - hand, arm, foot, leg, toes, fingers, abdomen

Destruction anal lesion

Diagnostic Laparoscopy

Dialysis Access Catheter

Endoscopic Sclerotherapy

Esophagogastroduodenoscopy

Excision axillary nodes

Excision of back cyst

Excision of basal cell carcinoma

Excision of Lesions on trunk, rectum, arms, legs, scalp, neck, hands, feet, breast, face or genitalia

Excision of Mass/Cysts (Minor/major)

Excision of submandibular mass

Excision of thyroglossal duct cyst

Excision of tumors of neck, thigh, knee or chest

Fissurectomy/sphincterectomy

Fistulectomy/Fistulotomy/sphincterostomy

Foreign Body removal

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Gastrostomy - PEG

Gynecomastia Reduction

Hematoma evacuation

Hemorroidectomy

Hernia repair – inguinal (open or laparoscopic)

Hernia repair – umbilical

Herniorraphy (Laparoscopic/open)

Hydrocelectomy

Incise and debride (minor)

Incise and drain (major/minor)

Incise, irrigate, and debride abscess

Incision and drainage of rectal/perineal abcess

Incision of Anal sphincter

Inguinal, Incisional or Ventral, umbilical, preperitoneal, femoral, epigastric

Insert/Remove Non-tunnel or tunneled CV catheter

Laceration repair

Laparoscopic cholecystectomy intra-operative cholangiograms (IOC)

Laparoscopic hernia repair

Laparoscopic jejunostomy tube placement

Laparoscopic lysis of adhesions

Laparoscopy

Lesion Excision

Lipoma Excision

Lymph node (Neck) excision

Lymphadenedectomy

Mastectomy partial/complete (simple/modified/radical)

Mole removal

Orchiopexy

Percutaneous Endoscopic Gastrostomy (PEG) tube placement with or without laparoscopic assist

Peritoneal dialysis catheter placement

Pilonidal Cystectomy

Placement seton

Port a cath removal/placement

Rectal Fistulectomy

Removal/excision of anal fissure, anal tags, breast tissue, pilonidal cyst, sperm cord lesion, foreign body,

hemorrhoids and fistula, rectal obstruction

Repair anal fistula

Skin Grafts (Partial or Full thickness)

Temporal Artery Biopsy

Tracheotomy/Tracheoplasty

Transanal mass/biopsy/excision/polyp resection

Tumor excision

Ulcer Closure

Unilateral Thyroid lobectomy

Wide local excision, sentinel lymph node biopsy

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Gastroenterology

Colonoscopy

Colonoscopy with or without Brushing

Colonoscopy with biopsy

Colonoscopy with removal Foreign Body

Colonoscopy with Control of Bleeding

Colonoscopy with polypectomy

Colonoscopy with removal tumor, polyp, or lesion by snare

Colonoscopy with removal tumor, polyp, or lesion by hot biopsy

Colonoscopy with Band Ligation

Flexible Sigmoidoscopy

Sigmoidoscopy with or without brushing

Sigmoidoscopy with biopsy

Sigmoidoscopy with removal foreign body

Sigmoidoscopy with control of bleeding

Sigmoidoscopy with Insertion Stent

Sigmoidoscopy with removal tumor, polyp, or lesion by snare

Sigmoidoscopy with removal tumor, polyp, or lesion by hot biopsy

Sigmoidoscopy with Balloon Dilation

Esophagogastroduodenoscopy

EGD with or without brushing

EGD with biopsy

EGD with trans endoscopic tube or catheter placement

EGD with injection sclerosis of esophageal and/or gastric varices

EGD with Band ligation of esophageal and/or gastric varices

EGD with Dilation of gastric outlet of obstruction

EGD with Directed Placement of percutaneous gastrostomy tube

EGD with Removal of Foreign Body

EGD with Insertion of guide wire followed by dilation of esophagus

EGD with Balloon Dilation of esophagus

EGD with removal tumor, polyp, or lesion by snare

EGD with removal tumor, polyp, or lesion by hot biopsy

EGD with Control of Bleeding Any Method

Push Enteroscopy

Endoscopic Ultrasound

Endoscopic Retrograde Cholangio Pancreatography

Interventional Radiology

Port-a-cath removal/placement

Central venous access removal/explant

Percutaneous nephrostomy placement/exchange/removal

Percutaneous gastrostomy placement/exchange/removal

Suprapubic catheter placement/exchange/removal

Peritoneal dialysis catheter placement/exchange/removal

PleurX catheter (tunneled pleural and abdominal drain)

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Paracentesis

Thoracentesis

IVC filter placement/removal

US-guided biopsies (thyroid, liver, kidney, lymph node, other superficial)

Ablation of varicose veins

Phlebectomy

Obstetrics/Gynecology

Adhesiolysis

Aspiration of simple adnexal cysts

Biopsy of vulva and/or perineum

Chromotubation oviduct

Colpocleisis

Colposcopy

Conization of cervix (cold knife and loop electrode excision)

Destruction of female genital lesions

Diagnostic cystoscopy

Diagnostic laparoscopy

Dilation and curettage (both non-obstetric and obstetric)

Endometrial resection and/or ablation

Examination under anesthesia

Fallopian tube cannulation

Hysterorraphy non-obstetrical

Hysteroscopic adhesiolysis, myomectomy, polypectomy and/or septum resection

Hysteroscopy (both diagnostic and operative)

Incision and drainage of vulvovaginal abscesses

Insertion/removal of intrauterine device

Labia reduction

Laparoscopic or open salpingectomy, cystectomy, and/or oophorectomy

LASER ablation of vagina/vulva

Linear salpingostomy for ectopic pregnancy

Marsupialization bartholin's gland cyst

Midurethral sling procedures

Mini-laparotomy

Neosalpingostomy

Occlusion fallopian tube (both hysteroscopic and laparoscopic\_

Ovarian biopsy

Perineorraphy

Repair of rectocele, enterocele, cystocele

Retropubic urethropexy

Total laparoscopic hysterectomy

Urethral bulking agent injection

Vaginal hysterectomy

Vaginal cystectomy

Varicocelectomy

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Wide local excision/simple vulvectomy

Ophthalmology

Biopsy of lesions

Glaucoma filtering surgeries

Glaucoma angle surgeries

Cyclophotocoagulation

Cryotherapy

Laser therapy

Intraocular injection of pharmacological agents

Pterygium excision

Other conjunctival lesion excision/biopsy

Conjunctival autograft harvesting and transplantation

Amniotic membrane grafting

Ocular surface reconstruction

Strabismus surgery (including extraocular muscle recession, resection, plication, extirpation, and/or transposition)

Therapeutic use of botulinum toxin chemodenervation (including in extraocular muscles, retrobulbar

injection, or periorbital/brow/eyelid injection)

Retrobulbar injection of medication

Therapeutic use of topical antimetabolites (mitomycin-C, 5-fluorouracil, etc)

Eyelid/brow repair/reconstruction

Nasolacrimal duct or other lacrimal surgery

Ptosis repair

Blepharoplasty

Skin graft harvesting and transplantation

Entropion/ectropion repair

Tarsorrhaphy

Enucleation

Evisceration

Orbitotomy

Orbital fracture repair

Brow lift

Cataract extraction with or without IOL placement, simple or complex

Anterior or pars plans vitrectomy

Corneal transplantation

Anterior segment laser

Synechiolysis

Open globe repair

Eyelid laceration repair

Ant vitrectomy, open sky/limbal; partial

Ant vitrectomy, open sky/limbal; subtotal

Posterior sclerostomy

Inj of vit substitute; gas-fluid exchange

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Implantation of intravit drug delivery syst.

Injection of intravitreal medications

Pars plan vitrectomy (PPV)

PPV plus endolaser; focal

PPV plus endolaser; PRP

PPV w/ removal of pre-ret memb (ERM)

PPV with ILM peel (includes GFX)

Pars plan lensectomy (PPL)

Repair RD; cryotherapy only

Repair RD; scleral buckle +/-cryo +/- laser

Repair RD; PPV (+/-gas/cryo/laser/SB/PPL)

Repair RD; pneumatic retinopexy only

Repair RD; repeat PPV or SB

Complex RD repair

Removal of Implanted Material (SO)

Release of encircling material

Prophylaxis of RD; cryotherapy

Destroy retinal lesion; cryotherapy

Destroy retinal lesion; laser

Destroy choroidal lesion; laser

Destruction of retinopathy; cryotherapy

Destruction of retinopathy; laser

Phacofra gmentation with aspiration

Surgical posterior capsulotomy

Oral Maxillofacial Surgery

Oral Exam under anesthesia

Diagnostic Local Anesthesia

Taking of Impressions for Casts

Surgical airways

Apicoectomy

Root Amputation

Gingivectomy

Intra- Oral incision and drainage of abscess

Extra-oral incision and drainage of abscess

Alveoloplasty

Surgical repair of oral antral fistula

Removal of foreign body with or without fluoroscopic guidance

Sequestrectomy

Surgical Exposure of un-erupted tooth with/without placement of orthodontic appliance to aid eruption

Transplantation of the teeth or tooth buds

Removal of tori or exostosis

Surgical excision of hyperplastic tissue

Surgical re-positioning of teeth

Vestibuloplasty

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Vestibuloplasty with skin or mucosal grafting

Harvesting of Skin Grafts and mucosal grafts

Biopsy of oral hard tissues including but not limited to the Head and Neck

Biopsy of oral soft tissue including but not limited to the Head and Neck

Tracheostomy

Surgical treatment of benign tumors or cysts

Local Facial Flaps

Surgical treatment of malignant tumors

Surgical destruction of lesion by physical methods

Maxillary Sinusotomy for retrieval of tooth or foreign body

Closed reduction of facial fractures

Open reduction of facial fractures

Closed reduction of mandibular dislocation

Temporomandibular Joint manipulation under anesthesia

Temporomandibular Joint Arthroscopy

Temporomandibular Joint Arthrocentesis

Non-surgical management of atypical facial pain

Coronoidectomy

Orthognathic surgical procedures for the Maxilla, Mandible and Chin

Maxillary or mandibular distraction

Alveolar cleft repair

Cleft lip /palate repair

Pharyngoplasty and pharyngeal flap surgery

Surgical rapid palatal expansion

Closure of intraoral soft tissue defect

Closure of extraoral soft tissue defect

Oral Mucosal grafts

Osteoplasty

Surgical nerve repair procedures

Harvesting of Nerve for Nerve Repair

Peripheral neurectomy

Frenectomy / frenoplasty

Cheiloplasty

Sialolithotomy

Sialodochoplasty

Sialendoscopy

Surgical placement of endosseous implant

Surgical placement of subperiosteal implant

Surgical placement of zygoma implant

Osteopromotion with membranes or other osteopromotive material

Autogenous bone graft including harvesting from ilium, tibia, fibula, and oral cavity

Maxillary sinus floor grafting

Ridge augmentation with autogenous bone grafting

Ridge augmentation with allosplastic materials

Alveolar ridge distraction osteogenesis

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Rhinoplasty

Septoplasty

Brow and face lift

Blepharoplasty

Chemical peels and dermaabrasions

Use of CO2 (Carbon Dioxide) Laser for oral and facial uses

Submental Lipectomy

Submental Liposuction

Otoplasty

Orthopedic Surgery

Acromioplasty

Amputation finger/toe

Ankle stabilization/reconstruction

Application casts/splints (long arm, long leg, short arm, short leg)

Application finger splint

Application/Removal fixation system

Arthrodesis wrist, hand, fingers,ankle,foot, toes

Arthroplasty major/minor

Arthroscopic ACL/PCL repair/reconstruction

Arthroscopy knee, diagnostic

Arthroscopy knee, shoulder, ankle and wrist

Arthroscopy with debridement/shaving of cartilage

Arthroscopy with menisectomy (partial or full) repair or remove

Arthroscopy with removal of loose/foreign bodies

Arthroscopy with synovectomy

Arthrotomy/ loose body removal

Carpal tunnel release

Carpectomy

Chondroplasty

Debridement, extensive ankle

Dupuytren's release

Excision of ganglion - hand, wrist, knee or foot

Excision of lesion of tendon sheath, forearm, ganglion, ankle, hand, leg, foot or wrist

Excision or partial excision bone, bone cyst forearm, wrist or hand

Excision, prepatellar bursa

Hallux valgus correction (bunion repair)

Hardware removal

Incise finger tendon sheath

Lateral release tibial tubercleplasty (fulkerson)

Limited debridement ankle

Limited synovectomy (plica, shelf)

Major synovectomy knee

Manipulation shoulder, elbow, wrist, hand, knee or ankle

Manipulation under anesthesia

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Medial and lateral meniscus repair

Medial and lateral menisectomy

Microfracture debridement

Mini open rotator cuff repair

Operation of C-Arm

ORIF clavicle, ulna, humerus, radius, knee (patella), tibula/fibula, ankle, elbow, carpals or metacarpal fractures)

Palmar fasciectomy including skin graft

Partial claviculectomy

Partial synovectomy ankle

Radial nerve decompression/exploration

Removal of prosthesis shoulder, elbow, wrist, hand, leg or ankle

Remove metatarsal spur or heel spur

Remove patellar cyst

Repair achilles tendon

Repair chronic rotator tear cuff, acromioplasty

Repair cruciate or collateral ligament

Repair of hammertoe

Repair nonunion/malunion fracture

Repair of osteochondritis dissecans lesion knee or ankle

Repair of rotator cuff, chronic or acute

Repair of thigh muscle

Repair of wound or lesion

Repair or reconstruct ligaments wrist, hand, fingers, leg, knee or ankle

Repair patellar tendon rupture/quad tendon rupture

Repair ruptured biceps/triceps

Repair tendon hand, wrist, forearm, knee or ankle

Repair wrist or hand joint

Repair/realignment hand tendon

Repair/revise ulna nerve

Repair/revise unstable patellar

Repair/revision elbow

Synovectomy forearm, wrist or hand

Treat clavicle, ulna, humerus, fibula, radius, carpal and metacarpal fractures

Treat lower leg joint

Treat shoulder, hand, arm, kneecap, hip or lower leg dislocation

Ulnar nerve transposition

Wound drainage (incise or irrigate and debridement) arm, elbow, hand, fingers, foot, leg upper and/or lower,

toes, knee, ankle

Wrist synovectomy

Otolaryngology

Amputation external ear

CO2 laser ablation of tumor (larynx/pharynx/oral cavity)

Endoscopic sinus surgery

#### Ambulatory Surgical Center (ASC) at LBJ

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Effective Date: 4/13/2017 Board Motion No: n/a

Excision/destruction nasal lesion

Excision lesion external auditory canal

Excision parotid tumor

Excision thyrogloddal duct/cyst/sinus

Excision tumor neck soft tissue

Cartilage graft ear

Cartilage graft nasal

Incision tympanic membrane

Laryngoscopy

Myringoplasty

Myringotomy w/wo tubes

Palatoplasty

Parathyroidectomy

Reconstruct external auditory canal

Remove foreign body auditory canal

Repair nasal vestibule

Resection nasal turbinates

Rhinoplasty major/minor

Septoplasty

Stapedectomy/Stapedotomy

Thyroidectomy

Tympanoplasty w/wo mastoidectomy, w/wo ossicle reconstruction

Tonsillectomy & adenoidectomy

Plastic Surgery

Facial Fracture Repair and Immobilization

Mandibular Fractures: Closed Reduction and Inter-Dental Wiring

Mandibular Fractures: Open Reduction, with or without Inter-Dental Wiring

Maxillary Fractures: Closed Reduction and Inter-Dental Wiring

Maxillary Fractures: Open Reduction with or without Inter-Dental Wiring

Orbital Floor or Rim Fractures: Closed Reduction

Orbital Floor or Rim Fractures: Open Reduction and Fixation with or without Implant or graft

Closed or Open Nasal Bone Reduction

Hand Surgery

Arthrodesis

Arthroplasty with or without Prosthesis

Fingertip Injuries

Nail Bed Injuries

Ablation of Nail/Nail Fold

Fractures: Closed Reduction vs. Open Reduction with Internal or Percutaneous Fixation

Local Flaps or Grafts

Neurolysis/Neurectomy

Osteotomy

Primary or Secondary Nerve Repair

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Primary or Secondary Tendon Repair

Sydactyly Release with or without Skingraft

Trigger Finger Release

Carpal Tunnel Release (Open vs. Endoscopic)

Ganglion Cyst Excision

Excision of Tendon Sheath Tumor

Excision of Neoplasm

Revision Amputation

Removal Foreign Body

Tenolysis

Removal of Hardware

Facial Reconstruction

Removal of Hardware

Brow Lift

Rhinoplasty

Scar Revision

Cleft Lip/Nose Revision

Repair Earlobe

Otoplasty

Skin Tag Removal

Excision Neoplasm

Facial Reconstructive Surgery

Chemical Peel or Dermabrasion

Chin Implant

Complete Nasal Reconstruction

Face Lift

Partial Nasal Reconstruction

Rhinoplasty

Septoplasty or Septectomy

Scar Revision

Cleft lip or Nose Revision

Local Flap

Regional Flap

Skin Graft

Resection and Reconstruction for Skin Cancer

Removal Hardware

Breast Reconstruction Surgery

Augmentation Mammoplasty

Breast Biopsy

Mastopexy

Reduction Mammoplasty

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Gynecomastia Surgery

Release of Capsular Contracture of Breast secondary to implant

Nipple/Areolar reconstruction

Nipple/Areolar Tattooing

Scar Revision Breast

Removal Breast Implants

Body Contouring

Liposuction Procedures

Brachioplasty

Thigh Lift

Burn Reconstruction

Contracture Release

Syndactyly Release

Full thickness skin graft

Split thickness skin graft

Dermabrasion

CO2 Laser of Scar

Use of Dermal Substitute (Integra)

Dressing Change Under Anesthesia

General Reconstruction

Dressing Change Under Anesthesia

Irrigation and Debridement of Wound

Placement of Wound Vac

Urology

Biopsy of Prostate

Circumcision or Repair of Circumcision

Cystoscopy

Cystoscopy, intravenously botulinum toxin injection

Cystoscopy Retrograde Pyelogram

Cystoscopy Ureteral Stent Placement

Cystoscopy with Biopsy

Cystoureteroscopy with Lithrotripsy

Cystourethroscopy

Cystourethroscopy and/or Resection of Bladder Tumors

Cystourethroscopy with Dilation of Bladder or Dilation of Urethral Stricture with or without Meatotomy

Cystourethroscopy with Fulguration with or without Laser

Cystourethroscopy with Removal of Foreign Body, Calculus/Stone or Ureteral Stent

Diagnostic Laparoscopy

Dilate Urethra

Drainage/Incise Bladder

Ambulatory Surgical Center (ASC) at LBJ

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Excision lesion spermatic cord

Explore Scrotum

Extracorporal Shock Wave Lithotripsy

Fragmenting of Kidney Stone

Hypospadius Repair

Hydrocelectomy

Implant/Revise/Remove Neuroreceiver

Injection of male & female urethra with collagen

Lithotripsy

Laser/Destruction/Biopsy Penis/Testes Lesion

Litholapaxy

Lysis of Labial Lesions

Male and female suburethral slings

Orchiectomy

Orchiopexy

Percutaneous Implantation of Neurostimulator Electrodes

Preputial Stretching

Prostatectomy (TURP)

Pubovascular sling

Relieve Bladder Contracture

Remove Epididymis, Sperm Duct or Hydrocele

Remove/Replace ureteral stent

Repair Bladder Defect

Repair/Reduce Inguinal Hernia

Revise Spermatic Cord Veins

Revise/Repair Sling Repair

Revision of Bladder Neck

Scrotal lesion or mass excision

Spermatocele

Spermatocelectomy

Suprapubic tube placement

Surgery of the Penis

Testicular Prosthesis

Treatment of Urethral Lesion

Ultrasonic Lithotripsy

Ureteral Surgery

Ureteroscopy

Urethral Diverticulectomy

Urethral Surgery

Urethrocutaneous fistula excision

Varicocele Excision

Varicocelectomy

Vas Deferens/Epididymid Surgery

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Effective Date: Board Motion No: 4/13/2017 n/a

TITLE: EQUIPMENT LIST

PURPOSE: To provide a list of the equipment available in the Ambulatory Surgical Center

and that are necessary for Workforce members to carry out his or her

responsibilities.

#### ATTACHMENT "A"

Attached please find a list of equipment that is available in the Ambulatory Surgical Center (ASC) at LBJ.

### Ambulatory Surgical Center (ASC) at LBJ

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Biomed #	Description Manufacturer Model Serial #			
60003266	DEFIBRILLATOR LP15 Physio-Control Inc.	V15-2-0016	608 4155815	51
60003283	LASER SURGICAL Lumenis Inc VersaPu	lse 60	63	
60003284	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	ogies S4	400T 41629	
60003285	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41637	
60003286	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41634	
60003287	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41636	
60003288	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41630	
60003289	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41632	
60003290	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41631	
60003291	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41620	
60003292	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41622	
60003293	LIGHT SOURCE 4 PORT MULTI Sunoptic Technol	logies S4	400T 41635	
60003295	ASPIRATOR URINE GYRUS ACMI - SUB OF	OLYMPUS	AM VC10	N804302-8
60003300	LASER SYSTEM OMNIGUIDE Omniguide Inc	FELS-25A	120204	
60003331	ELECTROSURGICAL UNIT Ethicon Endo-Su	rgery Inc G	EN11 1111336	5122
60003332	ELECTROSURGICAL UNIT Ethicon Endo-Su	rgery Inc G	EN11 1111337	7311
60003335	ADVANTAGE DRIVE SYSTEM CONMED Corp	D3000 20	013-1243	
60003384	RADIO/FLUORO UNIT/MOBILE Orthosc	an Inc. 10	000-0004	5F0632
60003453	HIGH FLOW INSUFFLATOR Stryker Endoscop	y 06	620-040-610	1310CE344
60003454	HIGH FLOW INSUFFLATOR Stryker Endoscop	y 06	620-040-610	1310CE346
60003455	HIGH FLOW INSUFFLATOR Stryker Endoscop	y 06	620-040-610	1310CE342
60003456	HIGH FLOW INSUFFLATOR Stryker Endoscop	y 06	620-040-610	1310CE349
60003457	HIGH FLOW INSUFFLATOR Stryker Endoscop	y 06	620-040-610	1310CE345
60003458	INFORMATION MANAGEMENT SYSTEM	Stryker End	doscopy	0240060100
13L0342	114			
60003459	INFORMATION MANAGEMENT SYSTEM	Stryker End	doscopy	0240060100
13L0340	94			
60003460	INFORMATION MANAGEMENT SYSTEM	Stryker End	doscopy	0240060100
13L0341				
60003461	INFORMATION MANAGEMENT SYSTEM	Stryker End	doscopy	0240060100
14G0102				
60003462	INFORMATION MANAGEMENT SYSTEM	Stryker End	doscopy	0240060100
13L0341				
60003463	CAMERA CONTROL Stryker Endoscopy	148801000		
60003464	CAMERA CONTROL Stryker Endoscopy	148801000		
60003465	CAMERA CONTROL Stryker Endoscopy	148801000		
60003466	CAMERA CONTROL Stryker Endoscopy	148801000		
60003467	CAMERA CONTROL Stryker Endoscopy	148801000		
60003468	LIGHT SOURCE Stryker Endoscopy	0220210000		
60003469	LIGHT SOURCE Stryker Endoscopy	0220210000		
60003470	LIGHT SOURCE Stryker Endoscopy	0220210000		
60003471	LIGHT SOURCE Stryker Endoscopy	0220210000		
60003472	LIGHT SOURCE Stryker Endoscopy	0220210000		
60003504	ELECTROSURGICAL UNIT COVIDIEN	FORCETR		
60003505	ELECTROSURGICAL UNIT COVIDIEN	FORCETR		
60003506	ELECTROSURGICAL UNIT COVIDIEN	FORCETR		
60003507	ELECTROSURGICAL UNIT COVIDIEN	FORCETR		
60003508	ELECTROSURGICAL UNIT COVIDIEN	60-7550-12		
60003509	ELECTROSURGICAL UNIT COVIDIEN	FORCETR	RIAD T3H369	762EX
60003546	,	nstruments		1401204702
60003547		nstruments	700001	1401304723
60003555	ELECTROSURGICAL UNIT Smith & Nephew	inc Endosc	copy 7220214	19 D04943

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60003556	HYSTEROFLOW CART Olympus America Inc WA40622A 1307CE581
60003557	HYSTEROFLOW II PUMP Olympus America Inc WA40620A 1306CE255
60003571	VIDEO IMAGE PROCESSOR Olympus America Inc OTV-S190 7365245
60003572	LIGHT SOURCE Olympus America Inc CLV-S190 7305064
60003573	MONITOR LCD 26" Olympus America Inc OEV-261H 7356107
60003574	PRINTER Olympus America Inc OEP-5 A312774
60003575	RECORDER BLUERAY Olympus America Inc IMH-20 7341954
60003576	VIDEO IMAGE PROCESSOR Olympus America Inc OTV-S190 7365250
60003577	LIGHT SOURCE Olympus America Inc CLV-S190 7305054
60003578	MONITOR LCD 26" Olympus America Inc OEV-261H 7356148
60003579	PRINTER Olympus America Inc OEP-5 A312695
60003580	RECORDER BLUERAY Olympus America Inc IMH-20 7331732
60003581	ELECTROSURGICAL UNIT Olympus America Inc 744000 1321529
Not in TMS	BOOM EMS CEILING OR #1 STERIS Corp B605520110 0418413004
Not in TMS	BOOM EMS CEILING OR #2 STERIS Corp B605520110 0418413003
Not in TMS	BOOM EMS CEILING OR #3 STERIS Corp B605520110 0418413005
Not in TMS	BOOM EMS CEILING OR #4 STERIS Corp B605520110 0416413024
60003586	LIGHT SURGICAL STERIS Corp 100-240 0417013050
60003587	LIGHT SURGICAL STERIS Corp 100-240 0417013045
60003588	LIGHT SURGICAL STERIS Corp 100-240 0417013060
60003589	LIGHT SURGICAL STERIS Corp 100-240 0417013047
60003590	LIGHT SURGICAL STERIS Corp 100-240 0417613038
60003591	LIGHT SURGICAL STERIS Corp 100-240 0417613036
60003592	LIGHT SURGICAL STERIS Corp 100-240 0417613031
60003593	LIGHT SURGICAL STERIS Corp 100-240 0417613034
60003594	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131712553
60003595	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131712556
60003596	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131712552
60003597	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131712555
60003598	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131692538
60003599	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131712550
60003600	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131712554
60003601	MONITOR LED 26" STERIS Corp VTS-26-HD-003 RLM131692539
60003602	TABLE OPERATING STERIS Corp 4085 0413013105
60003603	TABLE OPERATING STERIS Corp 4085 0413013107
60003604	TABLE OPERATING STERIS Corp 4085 0413013104
60003605	TABLE OPERATING STERIS Corp 4085 0413013106
60003606	WARMING CABINET STERIS Corp DJ060124331 0416913010
60003607	WARMING CABINET STERIS Corp DJ060124331 041691913011
60003608	NERVE MONITORING SYS W/CART MEDTRONIC USA - XOMED - DIV ME
60003622	ARTHOSCOPIC SHAVER SYSTEM MEDTRONIC USA - XOMED - DIV ME EK001
Not in TMS	BOOM EMS CEILING STERIS Corp B605520124 0416413021
60003626	LIGHT SURGICAL STERIS Corp 100-240 0405713046
60003627	LIGHT SURGICAL STERIS Corp 100-240 0417613035
60003628	MONITOR VIDEO STERIS Corp VTS-26-HD-003 RLM131732560
60003629	MONITOR VIDEO STERIS Corp VTS-26-HD-003 RLM131512511
60003630	TABLE OPERATING STERIS Corp 4085 0413713132
60003633	MICROSCOPE/LIGHT Carl Zeiss Inc 6636 6636160576
60003634	CAMERA / VIDEO Carl Zeiss Inc 308203-3350-000 6904201260
60003635	RECORDER/TAPE/VIDEO Carl Zeiss Inc 000000-1521-195 6911102046
60003636	MICROSCOPE/LIGHT Carl Zeiss Inc 000000-1154-525 6629320870
60003637	CAMERA/VIDEO Carl Zeiss Inc 308203-3350-000 6904201256
60003641	PUMP CONSOLE ARTHROSCOPY Stryker Endoscopy 04575100000 14D042324
60003645	WARMING UNIT BLANKET STERIS Corp DJ060124331 0412214099

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<del></del>							
60003646	WARMING UNIT BLANKET	STERIS Corp	DJ060124	1331 041221	4100		
60003653	FREEZER LABORATORY	Global Cooling	Inc	SU105U 1407.0	0204		
60003846	CENTURION VISION SYSTEM	Alcon Surgical I	nc.	8065751763	1501767	001X	
60003958	MICROSCOPE 700 EYE SURGE	RY Carl Z	eiss Meditec	Inc. 6634	6634143	803	
60003959	RECORDER EVOLUTION HD	1080 Precisi	on Surgical 1	Inc EVO.1	EVO-05	15-052C	
60003965	STRETCHER EYE SURGERY	STRYKER	1089	1508038384			
60003966	STRETCHER EYE SURGERY	STRYKER	1089	1508038385			
60003967	STRETCHER EYE SURGERY	STRYKER	1089	1508038386			
60004139	RECORDER/TAPE/VIDEO	Carl Zeiss Inc	000000-1	521-195 691110	1176		
60004234	DIGITAL MOBILE C-ARM	GE HEALTHO	ARE OEC	MEDICAL SYS	OEC990	00	
E2XXX	XX05912						
60004235	SHAVER ARTHROSCOPY UTL	02/18 Stryker	Endoscopy	045000	00000	15G034404	
SN-13L040954	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13I1431474	
SN-13L040304	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	14I017734	
SN-13L040894	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13L040894	
SN-13L040404	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13L040404	
SN-13L040294	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13G055234	
SN-13L035974	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13O013554	
SN-13L040374	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	147023134	
SN-13L031994	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13K036694	
SN-13L040974	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13I1429074	
SN-13L040384	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13K045634	
SN-13L040414	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13L040414	
SN-13L040914	CAMERA HEAD VIDEO ENDO	SCOPE Stryker	Endoscopy	1488-2	10-105	13L040914	
SN-846351	URETEROSCOPE RIGID	Stryker Endosco	ру	502-880-330	846351		
SN-852916	URETEROSCOPE RIGID	Stryker Endosco	ру	502-880-330	852916		
SN-863403	URETEROSCOPE RIGID	Stryker Endosco	ру	502-880-330	863403		
SN-853467	URETEROSCOPE RIGID	Stryker Endosco	ру	502-880-430	853467		
SN-854146	URETEROSCOPE RIGID	Stryker Endosco	ру	502-880-430	854146		
SN-832514	URETEROSCOPE RIGID	Stryker Endosco	ру	502-880-430	832514		
SN-H907398	ECTR VIDEO ENDOSCOPE TR	AY Micro	Aire Surgical	Instruments	81025	H907398	
SN-H910799	ECTR VIDEO ENDOSCOPE TR	AY Micro	Aire Surgical	Instruments	81025	H910799	
SN-656532	TELESCOPE 4MM 30 DEGREES	S AC Olymp	us America	Inc A2200	2A	656532	
SN-654491	TELESCOPE 4MM 30 DEGREES	S AC Olymp	us America	Inc A2200	2A	654491	
SN-654461	CYSTOSCOPE RIGID 30 DEGR	EES Olymp	us America	Inc A2200	2A	654461	
SN-657027	CYSTOSCOPE RIGID 70 DEGR	EES Olymp	us America	Inc A2200	3A	657027	
SN-654239		ıs America Inc	A22003A	654239	)		
SN-655213	CYSTOSCOPE RIGID Olympu	ıs America Inc	A22001A	655213	3		
SN-654250	CYSTOSCOPE RIGID Olympu	ıs America Inc	A22000A	654250	)		
SN-2353068	URETEROSCOPE FLEXIBLE RI	ENO Olymp	us America	Inc URF-V	2353068		
SN-2353070	URETEROSCOPE FLEXIBLE RI	ENO Olymp	us America	Inc URF-V	2353070		
SN-2353069	URETEROSCOPE FLEXIBLE R	ENO Olymp	us America	Inc URF-V	2353069		
SN-2301243	CYSTOSCOPE FLEXIBLE NEPI	-IRO Olymp	us America	Inc CYF-V	Ή	2301243	
SN-2301247	CYSTOSCOPE FLEXIBLE NEPI	IRO Olymp	us America	Inc CYF-V	'H	2301247	
SN-2301245	CYSTOSCOPE FLEXIBLE NEPI	-IRO Olymp	us America	Inc CYF-V	'H	2301245	
SN-1200CT	LARYNGOSCOPE RIGID 0 DEC	G 4MM Karl St	orz Endosc	opy-America I	10005A	A 12	00CT
SN-1200DE	LARYNGOSCOPE RIGID 0 DEC	G 4MM Karl St	orz Endosc	opy-America I	10005A		00DE
SN-12009V	BRONC/ESAPHAGOSCOPE 30	DEG Karl St	orz Endosc	opy-America I	10320BA	12	009V
SN-1200DB	BRONC/ESAPHAGOSCOPE 30	DEG Karl St	orz Endosc	opy-America I	10320B	A 12	00DB
SN-1200NK	BRONC/ESAPHAGOSCOPE 0 I			opy-America I	10320A	A 12	00NK
SN-1200NT	BRONC/ESAPHAGOSCOPE 0 I	DEG Karl S	orz Endosc	opy-America I	10320A	A 12	00NT
SN-3402094	PEDI BRONC/ESAPHAGOSCO			opy-America I	10324A	A 34	02094
SN-3402132	PEDI BRONC/ESAPHAGOSCO	PE Karl St	orz Endosc	opy-America I	10324A	A 34	02132
SN-670601	CYSTOSCOPE RIGID 30 DEG 4	MM Olymp	us America	Inc A2200	2A	670601	

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		Effective Date:	4/13/2017
		Board Motion No:	n/a
SN-672058	CYSTOSCOPE RIGID 30 DEG 4MM Olympus America		672058
SN-672100	CYSTOSCOPE RIGID 30 DEG 4MM Olympus America		672100
SN-672337	CYSTOSCOPE RIGID 30 DEG 4MM Olympus America		672337
SN-672618	CYSTOSCOPE RIGID 30 DEG 4MM Olympus America		672618
SN-672849 SN-673844	CYSTOSCOPE RIGID 30 DEG 4MM CYSTOSCOPE RIGID 30 DEG 4MM Olympus America Olympus America		672849 673844
SN-673882	CYSTOSCOPE RIGID 30 DEG 4MM Olympus America  Olympus America		673882
SN-673884	CYSTOSCOPE RIGID 30 DEG 4MM Olympus America  Olympus America		673884
SN-671712	CYSTOSCOPE RIGID 70 DEG 4MM Olympus America		671712
SN-671951	CYSTOSCOPE RIGID 70 DEG 4MM Olympus America  Olympus America		671951
SN-671953	CYSTOSCOPE RIGID 70 DEG 4MM Olympus America		671953
SN-671962	CYSTOSCOPE RIGID 70 DEG 4MM Olympus America		671962
SN-673669	CYSTOSCOPE RIGID 70 DEG 4MM Olympus America		673669
SN-674376	CYSTOSCOPE RIGID 70 DEG 4MM Olympus America		674376
SN-670745	CYSTOSCOPE RIGID 12 DEG 4MM Olympus America		670745
SN-670771	CYSTOSCOPE RIGID 12 DEG 4MM Olympus America		670771
SN-670880	CYSTOSCOPE RIGID 12 DEG 4MM Olympus America		670880
SN-674503	CYSTOSCOPE RIGID 12 DEG 4MM Olympus America		674503
SN-674513	CYSTOSCOPE RIGID 12 DEG 4MM Olympus America	Inc A22001A	674513
SN-674517	CYSTOSCOPE RIGID 12 DEG 4MM Olympus America	Inc A22001A	674517
SN-670110	CYSTOSCOPE RIGID 0 DEG 4MM Olympus America	Inc A22000A	670110
SN-672174	CYSTOSCOPE RIGID 0 DEG 4MM Olympus America		672174
SN-7401376	CAMERA VIDEO ENDOSCOPE Olympus America Inc	CH-S190-08-LB 740137	
SN-7401385	CAMERA VIDEO ENDOSCOPE Olympus America Inc	CH-S190-08-LB 740138	
SN-7401391	CAMERA VIDEO ENDOSCOPE Olympus America Inc	CH-S190-08-LB 740139	
SN-7401417	CAMERA VIDEO ENDOSCOPE Olympus America Inc	CH-S190-08-LB 740141	17
SN-1501213753	DRIVER REAMER Stryker Instruments 6400-099		
SN-1500704813	SAW SURGICAL BONE Stryker Instruments 4408-000		
SN-1500704753	SAW SURGICAL BONE Stryker Instruments 4408-000		(AD INTELLETEDIES
61001299 INC DIV STRYI	WARMING/COOLING UNITS, PATIENT, CIRCULATING KER CORP MTA7900 MTA7900 H80027	-LIQUID GAYN	IAR INDUSTRIES
61003227	HYDROTHERMAL ABLATION SYSTEMS, ENDOMETRIA	AT POSTON SCIE	ENTIFIC CORP
58001	GEN0732	IL BOSTON SCIE	ENTIFIC COKF
61005822	REFRIGERATOR FOLLETT CORP REF5	E09697-23813	
61005822	COLOR PRINTER STRYKER ENDOSCOPY DIV ST		80230 89696
61005838		L CORP 6702-1251-908	JGGS14308
61005846		L CORP 6702-1251-908	JGGS14320
61005847		L CORP 6702-1251-908	JGGS14317
61005848		L CORP 6702-1251-908	JGGS14328
61005849		L CORP 6702-1251-908	JGGS14329
61005850	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL	L CORP 6702-1251-908	JGGS14316
61005851	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL	L CORP 6702-1251-908	JGGS14314
61005852	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL	L CORP 6702-1251-908	JGGS14315
61005853	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL	L CORP 6702-1251-908	JGGS14319
61005857	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL	L CORP 6702-1251-908	JGGS14312
61005858		L CORP 6702-1251-908	JGGS14326
61005860		L CORP 6702-1251-908	JGGS14318
61005870	ASPIRATOR/EMERGENCY SSCOR INC AE-6975		
61005871	ASPIRATOR/EMERGENCY SSCOR INC AE-6975		
61006000	CART/INSTRUMENT OLYMPUS AMERICA INC ENDO		21316664
61006001	CART/INSTRUMENT OLYMPUS AMERICA INC ENDO		21316018
61006011	PRINTER/VIDEO SONY ELECTRONICS INC MED		
61006055	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL		JGGT00957
61006056	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL	L CORP 6/02-1251-908	JGGT00956

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61006057	REGULATORS, SUCTIO	ON, TRACHEAL	OHIO MEDICA	AL CORP 6702-12	51-908 JGG	Γ00958
61006062	ORTHOPEDIC CEMEN	T/BONE CUTTI	NG/EXTRACTION	ON SYSTEMS, PC	WERED DRII	LING
STRYK	ER INSTRUMENTS	5400-050-000	1405005373	,		
61006063	ORTHOPEDIC CEMEN	T/BONE CUTTI	NG/EXTRACTION	ON SYSTEMS, PC	WERED DRII	LING
STRYK	ER INSTRUMENTS	5400-050-000	1405005273	,		
61006118	MONITOR/VIDEO	CARL ZEISS MI	CROIMAGING	LMD-2110MD	3201629	
61006119	CART/INSTRUMENT	CARL ZEISS MI		301687-9043-000		
61006120	MONITOR/VIDEO	CARL ZEISS MI		LMD-2110MD	3201712	
61006121	CART/INSTRUMENT	CARL ZEISS MI		301687-9043-000	001-035650	
61006124	SCALE/CLINICAL/PRE			4302 ORGAN TI		713
61006125	WARM UNIT/BLOOD/		SMITHS MEDI		H-1100 S105	
61006265	SMOKE EVACUATION					
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61006470	CHAIR/EXAM/TREAT	STRYKER INST	RUMENTS	SurgiStool II	1508 039809	
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61006879	PRINTER/VIDEO	STRYKER END	OSCOPY DIV S	TRYKER CORP	SDP1000	10018
61006945	PRINTER/VIDEO	STRYKER END			240080230	80564
61006946	PRINTER/VIDEO	STRYKER END			240080230	88658
61007102	PRINTER/VIDEO	SONY UP-991		I K I KLIK GO KI	210000230	00030
61007184	REFRIGERATOR	FOLLETT COR		J71327		
61007185	PRINTER/VIDEO	STRYKER END			SDP1000	80876
62000530	CIRCULATORY/PERIP			ession Therapy Con		
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62000986	WARM UNIT/MULTIPU	IRPOSE OR SOI	LITIONS INC	ORS-2066R-D	51723	
62000987	WARM UNIT/MULTIPU			ORS-2066R	49131	
62000988	WARM UNIT/MULTIPU			ORS-2066R	40795	
62000989	WARM UNIT/MULTIPU			ORS-2066R-F	54961	
62000990	WARM UNIT/MULTIPU			ORS-2066R-F	55305	
62001066	CIRCULATORY/PERIP			ession Therapy Con		0 121838
62001067	CIRCULATORY/PERIP			ession Therapy Con		
62001068	CIRCULATORY/PERIP			ession Therapy Con		
62001069	CIRCULATORY/PERIP			ession Therapy Con		
62001070	CIRCULATORY/PERIP			ession Therapy Con		
62001071	CIRCULATORY/PERIP			ession Therapy Con		
62001143	ASPIRATOR/SURGICAL			0408-655-000	1524502453	0 121019
62001145	ASPIRATOR/SURGICAL			0408-655-000	1524502423	
62001146	ASPIRATOR/SURGICAL			0408-655-000	1524409913	
62001147	ASPIRATOR/SURGICAL			0408-655-000	1524502443	
SN-00001901	HANDPIECE/SURGICA		ER INSTRUMEN		1901	
SN-12000G	ENDOSCOPE KARLS					)G
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SN-1200QR	ENDOSCOPE KARLS	STORZ ENDOSC	OPY-AMERICA	INC 7230A A	1200QR	
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SN-125460	MONITOR/LAB/	ΓΕΜΡΕRATURE	SENSOSCIE	NTIFIC	TPSCPIN	NS 125460	
SN-1501626503X	HANDPIECE/SUI	RGICAL ALC	ON SURGICAL	INC 8065751	1761	1501626503X	
SN-1501626504X	HANDPIECE/SUI	RGICAL ALC	ON SURGICAL	INC 8065751	1761	1501626504X	
SN-1501626505X	HANDPIECE/SUI	RGICAL ALC	ON SURGICAL	INC 8065751	1761	1501626505X	
	HANDPIECE/SUI		ON SURGICAL	INC 8065751	1761	1501626506X	
SN-1501626507X	HANDPIECE/SUI	RGICAL ALC	ON SURGICAL	INC 8065751	1761	1501626507X	
SN-1501626508X	HANDPIECE/SUI	RGICAL ALC	ON SURGICAL	INC 8065751	1761	1501626508X	
SN-3400539	ENDOSCOPE K	ARL STORZ ENDO	SCOPY-AMERIC	CA INC	7230FVA	3400539	)
SN-3400801	ENDOSCOPE K	ARL STORZ ENDO	SCOPY-AMERIC	CA INC	7230BV	A 3400801	
SN-5000295147	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS COF	RP 8974.41	2
5000295	147						
SN-5000312773	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS COF	RP 8974.41	2
5000312	2773						
SN-5000337520	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS COF	RP 8974.40	2
5000337	520						
SN-608397	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS COF	RP 8974.40	2608397
SN-611424	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS COF	RP 8974.41	2611424
SN-614210	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS CO	8974.412614210	
SN-617694	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS CO	8974.412617694	
SN-617695	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS CO	8974.412617695	
SN-617747	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS CO	8974.402617747	
SN-617749	HYSTEROSCOPE	RICHARD W	OLF MEDICAL	INSTRUME	NTS CO	8974.402617749	
SN-823553	ARTHROSCOPE	STRYKER EN	NDOSCOPY DIV	V STRYKER	CORP	502-819-010	823553
SN-830874	ARTHROSCOPE	STRYKER EN	NDOSCOPY DIV	V STRYKER	CORP	502-927-030	830874
SN-852589	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	0-010 852589	
SN-852645	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	0-010 852645	
SN-854305	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	0-010 854305	
SN-854313	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	0-010 854313	
SN-855719	ARTHROSCOPE	STRYKER EN	NDOSCOPY DIV	V STRYKER	CORP	502-826-070	855719
SN-859501	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	9-010 859501	
SN-859522	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	0-010 859522	
SN-860244	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	9-010 860244	
SN-864809	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	0502-539	9-010 864809	
SN-866445		TRYKER ENDOSCO			0502-539	9-010 866445	
SN-867432	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	502-539-	045 867432	
SN-867433	LAPAROSCOPE S'	TRYKER ENDOSCO	PY DIV STRYK	ER CORP	502-539-	045 867433	
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SN-879792		TRYKER ENDOSCO			502-539-		
SN-881202		TRYKER ENDOSCO			0502-859		
SN-881206		TRYKER ENDOSCO			0502-859	0-045 881206	
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SN-882056		TRYKER ENDOSCO			502-859-	010 882056	
SN-883620		TRYKER ENDOSCO			0502-859		
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SN-886025		TRYKER ENDOSCO			0502-539		
SN-888707		TRYKER ENDOSCO			502-539-		
SN-888755		TRYKER ENDOSCO			502-539-		
SN-889476	LAPAROSCOPE S'	TRYKER ENDOSCO	PPY DIV STRYK	ER CORP	502-859-	010 889476	

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SN-889641 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-859-010 889641 SN-889988 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-104-070 889988 SN-889999 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-104-070 889999 SN-890291 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-539-030 890291 SN-890751 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-045 890751 SN-890753 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-045 890753 SN-890759 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-045 890759 SN-891498 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-859-010 891498 SN-891505 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-859-010 891505 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-859-010 SN-891536 891536 SN-891547 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-859-010 891547 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP SN-891727 502-859-010 891727 SN-891821 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-539-030 891821 SN-893221 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-539-045 893221 SN-893530 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-904-030 893530 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-904-030 sn-893577 893577 SN-897280 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 897280 SN-897349 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 897349 SN-898232 ARTHROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-826-030 898232 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP SN-898626 0502-859-030 898626 SN-898871 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-539-045 898871 SN-899181 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-539-045 899181 0502-539-030 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 900499 SN-900499 SN-901331 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-539-030 901331 SN-901679 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-045 901679 SN-902286 ARTHROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 502-927-070 902286 SN-903694 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 903694 SN-903696 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 903696 SN-903701 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 903701 SN-903782 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 903782 SNL903794 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 903794 SN-904562 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 904562 SN-904573 LAPAROSCOPE STRYKER ENDOSCOPY DIV STRYKER CORP 0502-859-030 904573 SN-905126 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-104-030 905126 SN-907277 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-104-030 907277 SN-910402 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-904-070 910402 SN-910680 ARTHROSCOPESTRYKER ENDOSCOPY DIV STRYKER CORP 502-904-070 910680 60003518 MONITOR PATIENT MX700 865241 DE12521112 Philips Medical Systems 60003519 865241 MONITOR PATIENT MX700 DE12521114 Philips Medical Systems 60003520 MONITOR PATIENT MX700 865241 Philips Medical Systems DE12521121 60003521 MONITOR PATIENT MX700 865241 Philips Medical Systems DE12521124 60003522 MONITOR PATIENT MX700 865241 DE12521107 Philips Medical Systems 60003523 MONITOR PATIENT MX700 865241 DE12521129 Philips Medical Systems DE12521104 60003524 MONITOR PATIENT MX700 Philips Medical Systems 865241 60003525 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521117 60003526 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521115 60003527 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521118 60003528 MONITOR PATIENT MX700 Philips Medical Systems DE12521119 60003529 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521120 60003530 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521128 60003531 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521106 60003532 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521111 60003533 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521123 60003534 MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521113

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	Board Modoli No. 11/ a
60003536	MONITOR PATIENT MX700 Philips Medical Systems 865241 DE12521125
60004579	BLADDER SCANNER Laborie Medical Technologies Corp MD-6000 MD6000.H1111
61005832	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 [GGS14313
61005833	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14310
61005834	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14304
61005835	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14306
61005836	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 [GGS14307]
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61005839	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 [GGS14330]
61005840	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 [GGS14323]
61005841	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14321
61005842	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 [GGS14327]
61005843	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 [GGS14325]
61005844	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14311
61005845	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14-309
61005854	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14302
61005855	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14303
61005856	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14303
61005859	REGULATORS, SUCTION, TRACHEAL OHIO MEDICAL CORP 6702-1251-908 JGGS14324
61005861	THERMOMETER/ELEC/INFRARED/EAR WELCH ALLYN MEDICAL PRODUCTS DIV
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61005862	THERMOMETER/ELEC/INFRARED/EAR WELCH ALLYN MEDICAL PRODUCTS DIV
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61005863	THERMOMETER/ELEC/INFRARED/EAR WELCH ALLYN MEDICAL PRODUCTS DIV
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61005865	THERMOMETER/ELEC/INFRARED/EAR WELCH ALLYN MEDICAL PRODUCTS DIV
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61005866	THERMOMETER/ELEC/INFRARED/EAR WELCH ALLYN MEDICAL PRODUCTS DIV
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61005867	THERMOMETER/ELEC/INFRARED/EAR WELCH ALLYN MEDICAL PRODUCTS DIV
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61005944	MOD/PHYSIOLOGIC/MULTI MEASURE PHILIPS MEDICAL SYS CARDIAC & MONIT
	DE9070CZL8
61005945	SATELLITE RACK PHILIPS MEDICAL SYS CARDIAC & MONIT 865243 DE12325663
61005946	MOD/PHYSIOLOGIC/MULTI MEASURE PHILIPS MEDICAL SYS CARDIAC & MONIT
	DE9070CZMD
61005947	SATELLITE RACK PHILIPS MEDICAL SYS CARDIAC & MONIT 865243 DE12325635
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	DE9070CZN4
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	DE9070CZEL
61005953	SATELLITE RACK PHILIPS MEDICAL SYS CARDIAC & MONIT 865243 DE12325687

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61005954 MOD/PHYSIOLOGIC/MULTI MEASURE PHII M3001A DE9070CZLW	LIPS MEDICAL SYS CARDIAC & MONIT
61005955 SATELLITE RACK PHILIPS MEDICAL SYS CARI	DIAC & MONIT 865243 DE12325721
	LIPS MEDICAL SYS CARDIAC & MONIT
M3001A DE9070CZDD	and supplies of the supplies o
61005957 SATELLITE RACK PHILIPS MEDICAL SYS CARI	DIAC & MONIT 865243 DE12322274
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1-1-1-1	SYS CARDIAC & MONIT M1006B
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M3001A DE9070CZLV	
61005962 MOD/PHYSIOLOGIC/ET CO2 PHILIPS MEDICAL S	SYS CARDIAC & MONIT M3015A
DE13876895	
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	SYS CARDIAC & MONIT M1029A
DE907B3580	
	SYS CARDIAC & MONIT M1006B
DE805T7199	
	LIPS MEDICAL SYS CARDIAC & MONIT
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	SYS CARDIAC & MONIT M1006B
DE805T7177	
	LIPS MEDICAL SYS CARDIAC & MONIT
M3001A DE9070CZL9	
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	LIPS MEDICAL SYS CARDIAC & MONIT
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	SYS CARDIAC & MONIT M1029A
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	SYS CARDIAC & MONIT M1006B
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61005978 MOD/PHYSIOLOGIC/MULTI MEASURE PHII	LIPS MEDICAL SYS CARDIAC & MONIT
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61005979 SATELLITE RACK PHILIPS MEDICAL SYS CARI	
61005980 MOD/PHYSIOLOGIC/IBP PHILIPS MEDICAL S	SYS CARDIAC & MONIT M1006B
DE805T7215	
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M3001A DE9070CZN7	
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M3001A DE9070CZLF	
61005984 MOD/PHYSIOLOGIC/MULTI MEASURE PHII	LIPS MEDICAL SYS CARDIAC & MONIT
M3001A DE9070CZL3	

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61005985	MOD/PHYSIOLOGIC/ET CO2 PHILIP	S MEDICAL SYS CA	RDIAC & MONIT	M3015A
DE1387				
61005986		CAL SYS CARDIAC &		DE12325629
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DE8057				
61005988		CAL SYS CARDIAC &		DE12325689
61005989	MOD/PHYSIOLOGIC/MULTI MEASURI	E PHILIPS M	IEDICAL SYS CARDIA	AC & MONIT
	A DE9070CZLD			
61006004	MOD/PHYSIOLOGIC/RECORDER	PHILIPS HEALTHO	CARE NORTH AMER	ICA 862120
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61006128	DETECTOR/FETAL HEART/ULTRASON	NIC NICOLET	VASCULAR VIASYS	NEUROCARE
	OOP CT+ CTVN0376	000 100 0 0000 MM	o mpoonnio	
SN-125430	MONITOR/LAB/TEMPERATURE	SENSOSCIENTIFIC		125430
60003297		& Johnson Medical In		1424
60003298			3HC URA050674	
60003325			R2460RDOOOA	KSJ13081
60003326	WASHER DECONTAMINATOR GETIN		8666913 W50041	
60003327	WASHER DECONTAMINATOR GETIN		8666913 W50041	
60003328	ULTRASONIC CLEANING SYSTEM	GETINGE USA IN		
60003329	STERILIZING UNIT STEAM BULK	GETINGE USA IN		
60003330	STERILIZING UNIT STEAM BULK	GETINGE USA IN	C 633HC URA05	04/3
SN-LAA00639	DRILL BONE CONMED Corp E9010	LAA00639		
SN-LAA00641	DRILL BONE CONMED Corp E9010	LAA00641		
Not in TMS	WORKSTATION 30 X 60 Bostontec, Inc.	PB3060		
Not in TMS	WORKSTATION 30 X 60 Bostontec, Inc.	PB3060		
Not in TMS Not in TMS	WORKSTATION 30 X 60 Bostontec, Inc.	PB3060 PB3060		
	WORKSTATION 30 X 60 Bostontec, Inc.		1045	
SN-001845 SN-1405703553	DERMATOME ACCULAN 3TI Aescula <sub>I</sub> DRIVER HANDPIECE SURGIGAL	Inc GA670 00 Stryker Instruments	6400-099-000	1405703553
SN-1405703563	DRIVER HANDPIECE SURGICAL	Stryker Instruments	6400-099-000	1405703563
SN-1405703573		Stryker Instruments	6400-099-000	1405703573
	DRIVER HANDPIECE SURGICAL	Stryker Instruments	4405-000-000	1331607513
SN-1404404673	DRIVER HANDPIECE SURGICAL	Stryker Instruments	4405-000-000	1404404673
	DRIVER HANDPIECE SURGICAL	Stryker Instruments	4405-000-000	1404404693
	DRIVER HANDPIECE SURGICAL	Stryker Instruments	4405-000-000	1404404703
	DRIVER HANDPIECE SURGICAL	Stryker Instruments	4405-000-000	1406303553
SN-1406205153		,	06205153	1 100303333
SN-1406205283			06205283	
SN-1406304373	SAW BONE Stryker Instruments		06304373	
Not in TMS	BATTERY CHARGER Stryker Instrumer			
Not in TMS	BATTERY CHARGER Stryker Instrumer			
SN-14E012804	SHAVER HAND CONTROL ARTHROSC			-500
14E012				
SN-14E012814	SHAVER HAND CONTROL ARTHROSC	OP Stryker End	loscopy 375-708	-500
14E012				
SN-001843	DERMATOME ACCULAN 3TI Aescular	o Inc GA670 00	1843	
61003878			14KA 35199	
61005891	TESTER OLYMPUS AMERICA IN	IC ENDOS M	U-1 7046160	
61005892	TESTER OLYMPUS AMERICA IN		U-1 7046156	
61006849	DEMAGNETIZERS, SURGICAL INSTRU		TED MEDICAL SYST	EMS
INTERNATION				
61007005	INCUBATOR 3M HEALTH CARE	490H 200993		
61008051		ALTH CARE 49	0 113548	
61008062	PACKAGE SEALER RENNCO INC	LS18D-115 11	17-181-8369	

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SIN-103806343   SIRLL/BONE   STRYKER INSTRUMENTS   6400-037-000   140560053   SIRLL/BONE   STRYKER INSTRUMENTS   6400-037-000   140560053   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703703   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703703   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703703   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703803   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703803   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703803   SIRLL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030825   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030826   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030826   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030826   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030826   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030826   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030836   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030836   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030836   STRETCHER O P AMBULATORY SURG   Stryker Medical   1115   1401030836   STRYKER O PARTICLAR SURG   Stryker Medical   1115   1401030836   STRET		Do	aru Mouom No m/ a
SN-1405610053   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703893   SN-1405703893   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703893   SN-1405703893   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1416803353   SN-1416803353   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   SN-1416803353   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   SN-1416803353   SN-1416700843   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   SN-1416803353   SN-1416700843   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   SN-14166003306   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030825   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030825   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030828   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030824   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030829   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   140103	61008298	INCUBATOR/TEST TUBE 3M HEALTH CARE 490	114386
SN-1405703793   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1405703793   SN-1416803533   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1416803353   SN-1416803533   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   SN-1416803533   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000   1417600843   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030821   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030821   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030825   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030828   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030828   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030828   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030838   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030838   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030831   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030833   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030833   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030833   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030836   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030836   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030834   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030832   STR	SN-1403806343	DRILL/BONE STRYKER INSTRUMENTS 6400-037-000	1403806343
SN-14169703803   DRILL/BONE   STRYKER INSTRUMENTS   6400-031-000	SN-1405610053	DRILL/BONE STRYKER INSTRUMENTS 6400-037-000	1405610053
SN-141600333	SN-1405703793	DRILL/BONE STRYKER INSTRUMENTS 6400-031-000	1405703793
SN-1417600843   DEFIBRILLATOR   Physio-Control Inc.   V15-2-01589   415760843   V15-1633   V15-16	SN-1405703803	DRILL/BONE STRYKER INSTRUMENTS 6400-031-000	1405703803
60000336    STRETCHER OP AMBULATORY SURG   Stryker Medical   1115	SN-1416803353	DRILL/BONE STRYKER INSTRUMENTS 6400-031-000	1416803353
60003306   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115	SN-1417600843	DRILL/BONE STRYKER INSTRUMENTS 6400-031-000	1417600843
60003306   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115	60003265	DEFIBRILLATOR Physio-Control Inc. V15-2-001589	41561633
60003307   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115	60003306		
60003309   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115	60003307	STRETCHER OP AMBULATORY SURG Stryker Medical 1115	5 1401030825
60003311   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115			
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60003311   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115			
60003312   STRETCHER OP AMB SURG   Stryker Medical   1115			
60003314   STRETCHER OP AMB ULATORY SURG   Stryker Medical   1115   1401030832			
\$\cong1314   STRETCHER OP AMB SURG PRE OP   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0823} \\ \cong1\$   \$\text{57}\text{60003315} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0823} \\ \cong1\$   \$\text{57}\text{60003316} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0823} \\ \cong1\$   \$\text{57}\text{60003318} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0826} \\ \cong1\$   \$\text{57}\text{60003320} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0826} \\ \cong1\$   \$\text{57}\text{60003320} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0823} \\ \cong1\$   \$\text{57}\text{60003322} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{0823} \\ \cong1\$   \$\text{57}\text{60003322} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{08383} \\ \cong1\$   \$\text{57}\text{60003324} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{08383} \\ \cong1\$   \$\text{57}\text{60003324} \\ STRETCHER OP AMBULATORY SURG   Stryker Medical   \$\text{1115}   \$\text{140}\text{103}\text{08383} \\ STRETCHER CHAIR EYE AMBU SURG   Stryker Medical   \$\text{115}   \$\text{140}\text{103}\text{08383} \\ \cong1\$   \$\text{50}\text{0003324} \\ STRETCHER CHAIR EYE AMBU SURG   Stryker Medical   \$\text{50}\text{115}   \$\text{140}\text{103}\text{08382} \\ \$\text{57}\text{57}\text{57}\text{57}\\ \$\text{60003324} \\ STRETCHER CHAIR EYE AMBU SURG   Stryker Medical   \$\text{50}\text{50}   \$\text{140}\text{103}\text{08327} \\ \$\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\\ \$\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\\ \$\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}\text{50}5			
60003316   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030839			
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60003317   STRETCHER OP AMBULATORY SURG   Stryker Medical   1115   1401030822			
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STRETCHER OP AMB SURG PRE OP   Stryker Medical   1115   1401030834   1115   1401030834   1115   1401030837   1401030834   1115   1401030827   1401030237   1401		,	
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62000971         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45965           62000972         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45985           62000973         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45993           62000974         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45977           62000975         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45986           62000976         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           620000984<			
62000972         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45985           62000973         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45993           62000974         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45977           62000975         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45986           62000976         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000977         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000984 </td <td></td> <td></td> <td></td>			
62000973         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45993           62000974         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45977           62000975         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45986           62000976         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45974           62000977         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45970           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994			
62000974         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45977           62000975         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45986           62000976         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45974           62000977         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45970           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000983         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994			
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62000976         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45974           62000977         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45970           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000983         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969			
62000977         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45997           62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45970           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994			
62000978         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45992           62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45970           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45904           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45966			
62000979         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45970           62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000983         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45994           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45966			
62000980         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45982           62000981         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45978           62000982         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45969           62000983         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45964           62000984         WARM UNIT/PATIENT/FORCED-AIR         ARIZANT HEALTHCARE INC A 3M Co         875         45966			
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MOD/PHYSIOLOGIC/VUELINK

MOD/PHYSIOLOGIC/RECORDER

MOD/PHYSIOLOGIC/VUELINK

MOD/PHYSIOLOGIC/MULTI MEASURE

MOD/PHYSIOLOGIC/MULTI MEASURE

MOD/PHYSIOLOGIC/BIS

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60003301	ANESTHESIA UNIT Drager Medical APOLLO	ASEF-0273
60003302	ANESTHESIA UNIT Drager Medical APOLLO	ASEF-0275
60003303	ANESTHESIA UNIT Drager Medical APOLLO	ASEF-0276
60003304	ANESTHESIA UNIT Drager Medical APOLLO	ASEF-0278
60003305	ANESTHESIA UNIT Drager Medical APOLLO	ASEF-0220
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60003515	MONITOR PATIENT MX700 Philips Medical System	s 865241 DE12521105
60003516	MONITOR PATIENT MX700 Philips Medical System	s 865241 DE12521098
60003517	MONITOR PATIENT MX700 Philips Medical System	s 865241 DE12521108
6003535 MONIT	FOR PATIENT M5 Philips Medical Systems M81	105A DE21075164
60003543	PATIENT MONITOR MX700 Philips Medical System	s 865241 DE12521109
60003548	LARYNGOSCOPIC CHIP VIDEO SYS Karl Storz En	ndoscopy-America I 8402ZX-KT VW6389
60003549	LARYNGOSCOPIC CHIP VIDEO SYS Karl Storz En	ndoscopy-America I 8402ZX WW6570
SN-2160064	FLEX INTUBATION VIDEO 60XKarl Storz Endoscopy-	-America I 11302BD2 2160064
61005816	PRINTER/VIDEO SONY ELECTRONICS INC M	MEDICAL SYS DI UP-897MD 281095
61005920	WARM UNIT/BLOOD/SOLUTION SMITHS ME	DICAL ASD INC HL-90 S101A02049
61005921	WARM UNIT/BLOOD/SOLUTION SMITHS ME	DICAL ASD INC HL-90 S101A02050
61005926	MOD/PHYSIOLOGIC/MULTI MEASURE Phili	ips Healthcare Cardiac & Monitoring Systems Div
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61005928	MOD/PHYSIOLOGIC/BIS PHILIPS MEDICAL S	SYS CARDIAC & MONIT M1034A
DE1102	25040	
61005929	MOD/PHYSIOLOGIC/RECORDER PHILIPS ME	EDICAL SYS CARDIAC & MONIT M1116B
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DE1102	25042	
61005933	MOD/PHYSIOLOGIC/RECORDER PHILIPS ME	EDICAL SYS CARDIAC & MONIT M1116B
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61005934	MOD/PHYSIOLOGIC/MULTI MEASURE Phili	ips Healthcare Cardiac & Monitoring Systems Div
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61005935	SATELLITE RACK PHILIPS MEDICAL SYS CAR	DIAC & MONIT 865243 DE12325659
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DE1102		
61005937	MOD/PHYSIOLOGIC/RECORDER PHILIPS ME	EDICAL SYS CARDIAC & MONIT M1116B
4227A9	0212	
61005938	MOD/PHYSIOLOGIC/MULTI MEASURE Phili	ips Healthcare Cardiac & Monitoring Systems Div
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PHILIPS MEDICAL SYS CARDIAC & MONIT M1034A

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61005994	SATELLITE RACK PHILIPS MEDICAL SYS CARDIAC & MONIT 865243	DE1322	271
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61005996	MOD/PHYSIOLOGIC/RECORDER PHILIPS MEDICAL SYS CARDIAC & MC	NIT	M1116B
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61006094	INFUSION PUMP/GENERAL-PURPOSE CAREFUSION ALARIS 8015 1400125	50	
61006095	INFUSION PUMP/GENERAL-PURPOSE CAREFUSION ALARIS 8015 1400410		
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61006097	INFUSION PUMP/SYRING CAREFUSION ALARIS 8110 13993028		
61006097	INFUSION PUMP/GENERAL-PURPOSE CAREFUSION ALARIS 8100 1400430	:2	
61006099	INFUSION PUMP/GENERAL-PURPOSE CAREFUSION ALARIS 8100 1400450		
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62000892	WARM UNIT/PATIENT/FORCED-AIR ARIZANT HEALTHCARE INC A 3M CO		49917
62000893	WARM UNIT/PATIENT/FORCED-AIR ARIZANT HEALTHCARE INC A 3M CO		49915
62000894	WARM UNIT/PATIENT/FORCED-AIR ARIZANT HEALTHCARE INC A 3M CO		49918
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62000994 0530	DESFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL INC	M35500	ARZE-
62000995	DESFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL INC	M35500	ARZC-
0224			
62000996	DESFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL INC	M35500	ASBF-
0096			
62000997	DESFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL INC	M35500	ARZD-
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62001062	SEVOFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL IN	С	M35170
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62001063	SEVOFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL IN	С	M35170
ARTD-0	0500		
62001064	SEVOFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL IN	C	M35170
ARUF-0	0646		
62001065	SEVOFLURANE ANESTHESIA UNIT VAPORIZER DRAGER MEDICAL IN	С	M35170
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SN-03X8LC	TRANSDUCER/ULTRASONIC SONOSITE INC P07680-30 03X8LC		
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SN-0N2470045	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2470045		
SN-0N2470075	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2470075		
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SN-0N2830008	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2830008		
SN-0N2830009	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2830009		
SN-0N2830013	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2830013		
SN-0N2830016	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2830016		
SN-0N2830018	STIM/ELEC/PERIPHERAL NERVE LIFE-TECH INCMS-IV A0N2830018		
SN-18691	VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT KARL STORZ ENDOSCOPY-AN	IERICA I	NC
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SN-18692	VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT KARL STORZ ENDOSCOPY-AM	IERICA I	NC
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SN-20211 VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT KARL STORZ ENDOSCOPY-AMERICA INC 8401HX 20211 SN-20407 VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT KARL STORZ ENDOSCOPY-AMERICA INC 8401GXC 20407 VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT SN-21536 KARL STORZ ENDOSCOPY-AMERICA INC 8401KXC 21536 VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT SN-21847 KARL STORZ ENDOSCOPY-AMERICA INC 8401AX 21847 SN-21975 VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT KARL STORZ ENDOSCOPY-AMERICA INC 8401HX 21975 KARL STORZ ENDOSCOPY-AMERICA INC VIDEO SYS/ENDOSCOPIC/VIDEO ADAPT SN-43844 8401AX 43844 SN-BX68525 MONITOR/BED/EEG/LEVEL-OF-CONS ASPECT MEDICAL SYS INC M1034-60021 BX68525 SN-BX75007 MONITOR/BED/EEG/LEVEL-OF-CONS ASPECT MEDICAL SYS INC M1034-60021 BX75007 SN-BX75094 MONITOR/BED/EEG/LEVEL-OF-CONS ASPECT MEDICAL SYS INC M1034-60021 BX75094 SN-BX75110 MONITOR/BED/EEG/LEVEL-OF-CONS ASPECT MEDICAL SYS INC M1034-60021 BX75110 SN-BX75299 MONITOR/BED/EEG/LEVEL-OF-CONS ASPECT MEDICAL SYS INC M1034-60021 BX75299

SN-WK250W TRIPLE TRANSDUCER CONNECT/ULTRASONIC SONOSITE INC P16535-02 WK250W SN-WW5585 ELECTRONIC IMAGING MODULE WITH 8 PIN CONNECTOR KARL STORZ ENDOSCOPY-

AMERICA INC 8402X WW5585

SN-WW5800 ELECTRONIC IMAGING MODULE WITH 8 PIN CONNECTOR KARL STORZ ENDOSCOPY-

AMERICA INC 8402X WW5600

SN-WW82430-H CAMERA/VIDEO/ENDOSCOPE KARL STORZ ENDOSCOPY-AMERICA INC 20290132 WW82430-H

### AMBULATORY SURGICAL CENTER AT LB.

POLICY AND REGULATIONS MANUAL

Policy No: Page Number: ASC-P-6017 1 of 10

Effective Date: Board Motion No: 5/11/2017 n/a

TITLE: LASER SAFETY IN THE AMBULATORY SURGICAL CENTER

(ASC) AT LBJ

PURPOSE: To specify the procedures that must be followed to safely use lasers in the

Ambulatory Surgical Center (ASC) at LBJ.

### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ to safely operate and maintain lasers in the ASC and to follow all applicable state laws and regulations regarding the safe operation of lases in the ASC.

#### **POLICY ELABORATIONS:**

#### I. DEFINITIONS:

- A. **COLLATERAL RADIATION:** Any electromagnetic radiation, except laser radiation, that is emitted by a laser that is physically necessary for its operation.
- В. **LASER:** An acronym for Light Amplification by Stimulated Emission of Radiation. A Laser is a device that emits a concentrated beam of light having several unique characteristics, three important ones being a high degree of collimation, monochromaticity, and coherence. The Laser beam is unidirectional – the light emitted from the Laser travels in one direction, in contrast to, for example, the light emitted from a conventional light bulb, which travels in all directions. Consequently, Laser light is much more intense than ordinary light. All emitted light photons are in phase, both in space and time. Therefore, the light is coherent. The Laser device consisting of an active medium, enclosed in an optical cavity, and a pumping source. The pumping source "pumps" the active medium from its ground energy state to its excited energy states. If population inversion between two excited states takes place (where the higher energy state is more populated), stimulated emission of radiation (photons) can occur. This radiation is bounced back and forth in the optical cavity, and is amplified. This amplified electromagnetic radiation is emitted as a Laser beam.
  - 1. Class I Laser: A Laser that is considered to be incapable of producing damaging radiation levels during operation and maintenance by the American National Standards Institute (ANSI). Class I Lasers are exempt from any control measures or other forms of surveillance.

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### AMBULATORY SURGICAL CENTER AT LBJ

#### POLICY AND REGULATIONS MANUAL

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2. **Class II Laser:** Class II Lasers are low-power lasers and emit in the visible portion of the spectrum (wavelengths of 0.4 to 0.7 micro meters) and eye protection is normally afforded by the average response of the blink reflect.

- 3. **Class III Laser:** Class III Lasers are medium-power lasers and may be hazardous under direct and specular reflection viewing conditions, but the diffuse reflection is usually not a hazard. A Class III Laser is usually not a fire hazard.
- 4. **Class IV Laser:** Class IV Lasers are high-power lasers that are hazardous to eyes and skin when the exposed to the direct beam. A diffuse reflection can be a fire hazard. Class IV Lasers may also produce laser generated air contaminants and hazardous plasma radiation.
- C. **LASER SAFETY OFFICER ("LSO"):** An individual who has knowledge of and the authority and responsibility to apply appropriate Laser radiation protection rules, standards, and practices, and who must be specifically authorized on a certificate of Laser registration.
- D. **MAXIMUM PERMISSIBLE EXPOSURE ("MPE"):** The level of Laser radiation to which a person may be exposed without hazardous effect or adverse biological changes in the eye or skin.
- E. **WORKFORCE:** Employees, medical staff, trainees, contractors, volunteers, and vendors.

### II. DUTIES OF THE LASER SAFETY OFFICER ("LSO"):

- A. The duties of the LSO include, but are not limited to, the following:
  - 1. Ensuring that Workforce members who use Lasers are trained how to safely use each type of Laser used at the ASC;
  - 2. Assuming control of the ASC's Lasers and having the authority to institute corrective actions, including the shutdown of the Lasers, when necessary, in emergency situations or unsafe conditions;
  - 3. Specifying any additional control measures that are required following:
    - a) Any service and maintenance of Lasers in the ASC that may affect the output power or operating characteristics; and/or

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### AMBULATORY SURGICAL CENTER AT LB

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- b) Deliberate modifications to a Laser that could change the Laser class and affect the output power or operating characteristics.
- 4. Ensuring that maintenance and other practices for the safe operation of Lasers are performed;
- 5. Ensuring that Workforce members use proper protective eyewear and other safety measures when operating Lasers; and
- 6. Ensuring compliance with state and federal regulations regarding the safe use of Lasers and with any engineering or operational controls specified in this policy.

### III. LASER SAFETY REQUIREMENTS:

### A. Requirements for Safely Operating Lasers in the ASC:

### 1. Eye Protection:

- a) Protective eyewear must be worn by all individuals with access to radiation levels of a Class IV Laser.
- b) Protective eyewear must:
  - (1) Provide a comfortable and appropriate fit all around the area of the eye;
  - (2) Be in proper condition to ensure the optical filters and holder provide the required optical density or greater at the desired wavelengths, and retain all protective properties during its use;
  - (3) Be suitable for the specific wavelength of the Laser and be of optical density adequate for the energy involved;
  - (4) Have the optical density or densities and associated wavelength(s) permanently labeled on the filters or eyewear; and
  - (5) Be examined at intervals not to exceed 12 months to ensure the reliability of the protective filters and integrity of the protective filter frames.

#### 2. **Skin Protection:**

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If there is a possibility of a Workforce member being exposed to Laser radiation that exceeds the MPE limits for skin as set forth by the American National Standards Institute ("ANSI"), then Workforce members must use protective gloves, clothing, and shields.

### 3. Caution Signs:

- a) The Laser control area must be conspicuously identified with a posted sign.
- b) All signs must contain the following words:
  - (1) "DANGER, INVISIBLE AND VISIBLE LASER RADIATION AVOID EYE OR SKIN EXPOSURE to DIRECT or SCATTERED RADIATION."
  - (2) For each Laser that has a protective housing with an interlock that may be removed or that does not have an interlock, there must be a label with the following wording:

"DANGER- INVISIBLE AND VISIBLE LASER RADIATION WHEN OPEN. AVOID EYE OR SKIN EXPOSOURE TO DIRECT OR SCATTERED RADIATION."

### B. Requirements to Safely Operate Class IV Lasers in the ASC:

1. The Texas Administrative Code has set forth special requirements for the servicing, testing, maintenance, and modification of Class IV Lasers that must be followed to protect against Class IV Laser radiation.

### 2. **MPE Requirement**:

No person in the ASC shall be exposed to levels of Laser radiation or Collateral Radiation higher than the levels specified by ANSI.

#### 3. Instructions to Workforce members:

Workforce members operating each Laser listed on the ASC's current inventory must be provided with written instructions for the safe use of that Laser, including clear warnings and precautions to

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avoid possible exposure to Laser and Collateral Radiation in excess of the MPE set forth by ANSI.

### 4. Engineering Controls:

### a) **Protective Housing:**

Each Class IV Laser in the ASC must have a protective housing that prevents individuals from accessing the Laser and from Laser radiation and Collateral Radiation in excess of the MPE limits for a Class I Laser during its operation, when such access is not necessary for the Laser to perform its intended function.

**NOTE:** When it is necessary that an individual be exposed to Laser radiation levels that exceed the MPE for Class I Lasers, then the exposure levels must not exceed the limits of the lowest Laser Class necessary to perform the Laser's intended function.

### b) Safety Interlocks

(1) A safety interlock, a device that ensures that radiation is not accessible above the MPE limits as set forth by ANSI, must be provided for any portion of the protective housing on a Laser that can be removed or displaced during its operation or maintenance, which would thereby permit radiation above the MPE levels.

**NOTE:** An interlock must now allow automatic accessibility of radiation emission above MPE limits when the interlock is closed.

(2) If the failure of a single safety interlock would permit either human access to levels of Laser radiation in excess of the accessible emission limit of a Class III Laser or if it would permit human access to levels of Laser radiation in excess of the accessible emission limits of a Class II Laser directly through the opening created by the removal of the safety interlock, then:

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(a) Multiple safety interlocks must be used to preclude the removal or displacement of the interlocked portion of the protective housing upon the single interlock failure; or

(b) Another means must be used to prevent the removal or displacement of the interlocked portion of the protective housing upon the single interlock failure.

### c) Viewing Optics and Windows:

- (1) All viewing ports, viewing optics, or display screens included as an integral part of an enclosed Laser must incorporate suitable means to maintain Laser radiation at the viewing position at or below the applicable MPE levels as set forth by ANSI.
- (2) All collecting optics (e.g., lenses, telescopes, microscopes, endoscopes) that are intended for viewing use with a Laser must incorporate a suitable means to maintain the Laser radiation transmitted through the collecting optic to levels at or below the appropriate MPE levels as set forth by ANSI.

### d) Warning Systems:

- (1) Every Class IV Laser in the ASC must provide a visual or audible indication during the emission of accessible Laser radiation. This indication must be sufficient prior to the emission of Laser radiation to allow appropriate action to be taken to avoid exposure. Any visual indicator must also be clearly visible through protective eyewear designed specifically for the wavelength(s) of the emitted laser radiation.
- (2) If the Laser and Laser energy source are housed separately and can be operated at a separation distance of greater than two (2) meters, both the Laser and Laser energy source shall incorporate a visual or audible indicator.

**Note:** The visual indicators must be positioned so that viewing does not require human access to Laser radiation in excess of the MPE levels as set forth by ANSI.

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### e) Control Area:

- (1) A control area must be established when exposure to Laser radiation is in excess of the MPE levels as set forth by ANSI.
- (2) The control area must meet the following requirements:
  - (a) Access to the control area must be restricted;
  - (b) For Class IV Laser indoor control areas, latches, interlocks, or other appropriate means shall be used to prevent unauthorized entry into the controlled areas.
    - (i) These means must allow for a rapid exit by Workforce members at all times and entry to the control area in an emergency.
    - (ii) For emergency conditions, a panic device must be available for deactivating the Laser.
  - (c) Where safety latches or interlocks are not feasible or are inappropriate for Class IV Laser indoor control areas (e.g., during medical procedures such as surgery), then the following applies:
    - (i) All authorized Workforce members must be trained in Laser safety and appropriate personal protective equipment must be provided to Workforce members upon entry.
    - (ii) A door, blocking barrier, screen, or curtains must be used to block, screen, or attenuate the Laser radiation at the entryway. The level at the exterior of these devices must not exceed the applicable MPE levels as set forth by ANSI nor shall any Workforce member experience Laser radiation exposure above the MPE level immediately upon entry.
    - (iii) At the entrance, there must be either:
      - (a) A visible or audible signal indicating that the Laser is energized and operating at a Class IV Laser level.

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- (b) A light that indicates when the Laser is not operational and an additional light when the Laser is "powered up" (high voltage but no laser emission) and by an additional light that actives when the Laser is operating.
- (d) When a Laser is being tested in a Class IV Laser control area and the test requires the continuous operation of the Laser, the Workforce member in charge of the controlled area a shall be permitted to override the safety interlocks to allow access to the authorized Workforce members if it is clearly evident that there is no optical radiation hazard at the entrance, and if necessary, protective devices are being worn.
- (e) In a Class IV Laser control area, optical paths from an indoor facility must be controlled in a manner to reduce the transmitted values of Laser radiation to levels at or below the appropriate ocular MPE levels as set forth by ANSI.
- (3) When the removal of panels or protective covers and/or overriding interlocks becomes necessary for servicing, testing, or maintenance, and accessible Laser radiation exceeds the MPE as set forth by ANSI, a temporary control area must be established and posted.

### C. Continuing Education:

All Workforce members of the ASC who are responsible for Laser safety are required to maintain their skills through continuing education. It is recommended that at least three (3) hours of continuing education be accumulated on approximately an annual basis. This may be acquired through attendance at medical meetings or through in-services provided by Harris Health.

### D. Injuries to Patients:

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The ASC must notify the State within twenty-four hours of any injury to or death of a patient that is a result of the use of a Laser. A written report is required to be submitted to the State.

### E. LASER Types:

The ASC utilizes an A.R.C. Laser, a Lumenis Laser, a Stellaris Elite vision enhancement system, and a Constellation vision system. The ASC follows the procedures and practices as recommended by the device manufacturer(s).

### E. LASER Types:

The ASC utilizes an A.R.C. Laser and a Lumenis Laser. The ASC follows the procedures and practices as recommended by the device manufacturer(s).

### **REFERENCES/BIBLIOGRAPHY:**

Quad A 8.2 AAAHC Deemed Status Handbook v42

25 Texas Administrative Code (TAC) §289.301.

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

### **REVIEW/REVISION HISTORY:**

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5/11/2017	1.0	5/11/2017	The Ambulatory Surgical Center	
			(ASC) at LBJ Governing Body	
		Reviewed / Approved	The Ambulatory Surgical Center	
		3/29/2018	(ASC) at LBJ Governing Body	
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		3/29/2018		
		Reviewed / Approved	The Ambulatory Surgical Center	
		2/14/2019	(ASC) at LBJ Governing Body	
		Reviewed / Approved	The Ambulatory Surgical Center	
		2/13/2020	(ASC) at LBJ Governing Body	
		Reviewed / Approved	The Ambulatory Surgical Center	
		02/25/2021	(ASC) at LBJ Governing Body	

### AMBULATORY SURGICAL CENTER AT LBJ

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Effective Date: 5/11/2017 Board Motion No: n/a

	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
	Reviewed / Approved 02/22/2024	The Ambulatory Surgical Center (ASC) at LBJ Governing Body

### AMBULATORY SURGICAL CENTER AT LB.

POLICY AND REGULATIONS MANUAL

Policy No: ASC-P-6019 Page Number: 1 of 6

Effective Date:

Board Motion No: n/a

TITLE: EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) IN

THE AMBULATORY SURGICAL CENTER (ASC) AT LBJ

**PURPOSE:** To specify the procedures that must be followed to safely perform ESWL in

the Ambulatory Surgical Center (ASC) at LBJ.

### **POLICY STATEMENT:**

It is the policy of the Ambulatory Surgical Center (ASC) at LBJ to safely perform ESWL procedures in the ASC.

### **POLICY ELABORATIONS:**

### I. ESWL PROCEDURES:

- A. Unilateral or bilateral lithotripsy can be performed on patients with documented renal and ureteral calculi.
- B. Urologist Responsibility:
  - Schedule patients for lithotripsy;
  - Order pre-procedure testing;
  - Obtain consent;
  - Provide patient's history and physical;
  - Examine the patient immediately prior to the procedure and document in the medical record; and
  - Perform the lithotripsy procedure and be present during the treatment.
- C. The following staff will participate in the provision of lithotripsy services:
  - A qualified anesthesiologist or certified registered nurse anesthetist to provide anesthesia services;
  - A qualified urologist specially trained in lithotripsy, who will perform the procedure; and
  - A qualified radiologic technologist licensed by the State of Texas and registered by the American Registry of Radiologic Technologists who will assist the urologist by operating the lithotripter.

### AMBULATORY SURGICAL CENTER AT LB

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- D. Policies and procedures will be developed by the facility for the completion and documentation of the following:
  - History and physical examination including presence, location, and size of stone;
  - Pre-procedure testing;
  - Pre-procedure diagnosis; and
  - Procedure and post procedure notes including a description of procedures and fragmentation, patient's condition, any unusual events occurring during the procedure, post procedure diagnosis, and the names of urologist and clinical staff present during the procedure.
- E. The Lithotripsy Treatment Record will be completed and signed by the urologist and radiologic technologist.
- F. Patients and family will receive written and verbal education concerning lithotripsy, including but not limited to the following:
  - ESWL pre-treatment patient instructions;
  - Information regarding ESWL treatment; and
  - ESWL post-treatment patient instructions.
- G. Each lithotripter utilized should be inspected and approved by the ASC. Serial numbers will be provided to and maintained on file by the ASC.
- H. Each lithotripter will be maintained in good, clean, working order. A service contract shall be maintained for each lithotripter. The lithotripters will be inspected quarterly by a qualified person in accordance with the manufacturer's recommendations. All preventative maintenance will be documented and

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Effective Date:

Board Motion No:

n/a

submitted by the provider to the facility to be maintained in the lithotripsy services manual.

- I. Equipment malfunctions will be corrected, documented, and submitted by the provider to the facility.
- J. Equipment and supplies appropriate to the treatment needs of lithotripsy patients for the types and ages served will be provided.
- K. Performance Improvement/Quality Assurance activities will include evaluation of services and outcomes.
- L. Continuing education relating to lithotripsy will be provided to the facility staff by the contracted vendor, initially and as requested.

### II. OPERATIONAL POLICIES:

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Board Motion No: n/a

- A. Shocks: Maximum 3000 shocks. In cases where two stones (distal and upper ureteral or renal) are treated simultaneously, maximum shock numbers may be delivered to both treatment areas.
- B. Shock Voltage 9 (Power Setting): Shock voltage is restricted to the 14-26 KV range
- C. Patient Position: The physician, in conjunction with the transportable lithotripsy service provider, while adhering to will determine patient positioning on the lithotripter table.
- D. Bilateral Lithotripsy: Patients may undergo bilateral lithotripsy and should have one renal unit stented or vented.
- E. Females of Reproductive Age: Pregnant patients will not be treated. Women of childbearing age with a distal or mid-ureteral calculus may be treated.
- F. Weight Limitation: Patients exceeding the safe operating limits of the ESWL machine are not candidates for ESWL.
- G. Pacemakers and Automatic Implantable Cardiac Defibrillator Devices: Patients with pacemakers or implantable defibrillators are candidates for ESWL. Specific protocols must be followed.
- H. Post ESWL Follow-up Care: Patients will be instructed to follow up with the urologist according to the urologist's orders.
- I. Contraindicated Medications: Patients taking anticoagulants and platelet inhibiting medications should have their coagulation status reviewed by the

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Board Motion No: n/a

urologist who will instruct the patients regarding the discontinuance of such medications prior to lithotripsy.

- J. Pre-Admission Testing Requirements: Pre-admission requirements per facility policy.
- K. Pre and Post ESWL Calls: All patients will receive pre and post lithotripsy calls, per facility policy.
- L. Pediatric Cases: Patients under the age of 10 will not be treated.
- M. Treatment Criteria: All patients should have a KUB to verify the presence and location of a stone in the renal pelvis or ureter.
- N. Retreatment Time: A period of two weeks for renal calculi and one week for ureteral calculi is required between treatments.
- O. Safety Protocols: All safety protocols, including mechanical and radiation, will be followed. A record of lithotripter calibration/equipment checks will be maintained by the transportable provider and available upon request.
- P. Utilization of Equipment: The facility will adhere to all manufacturer guidelines related to use of equipment; cystoscopy procedures may be performed on the lithotripter treatment table.
- Q. Treatment Simulation: Simulations will not be performed.
- R. Administration of Anesthesia: The patient will be examined and assessed, using the ASA classification by an anesthesiologist prior to treatment to determine the type of anesthesia to be administered.
- S. Cancellation Criteria: Cases will be cancelled if any of the above is not met.

### REFERENCES/BIBLIOGRAPHY:

AAAHC Deemed Status Handbook v42

ASC-P-1005

### OFFICE OF PRIMARY RESPONSIBILITY:

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The Ambulatory Surgical Center (ASC) at LBJ

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	1.0		The Ambulatory Surgical Center (ASC) at LBJ Governing Body

### **BOARD OF TRUSTEES**



### Ambulatory Surgical Center at LBJ Governing Body

### Thursday, May 23, 2024

Consideration of Approval of the Retirement of Policy and Procedures for the ASC at LBJ

Please find a summary of the retired policy.

- Policy ASC-P-6003 (Retired)
  - o The Fire Drill/Alarm Procedure is included in policy ASC-P-6014 (Facility Safety Manual).

Policy No: Page Number:

ASC-P-6003 1 of 6

Effective Date: Board Motion No:

8/5/16 n/a

TITLE: FIRE DRILL/ALARM PROCEDURE

**PURPOSE:** To establish the protocol to be followed in the event of a fire alarm or fire drill

at the Ambulatory Surgical Center (ASC) at LBJ.

### **POLICY STATEMENT:**

To protect Workforce members of the Ambulatory Surgical Center (ASC) at LBJ ("ASC"), and patients of the ASC from a fire, the ASC will follow Harris Health System's ("Harris Health") Emergency Preparedness Guide and will treat every fire alarm as a serious event.

### I. PROCEDURE:

- A. If a fire alarm ("Code Red") is triggered in the ASC or if a fire is identified in the ASC, the following actions must be taken pursuant to recommendations by the Houston Fire Department (**RACE**):
  - 1. **R**escue patients, evacuate to a safe area;
  - 2. **A**larm Pull nearest fire alarm, dial ext. x37800, give exact location and announce to the ASC that a "Code Red" exists;

**Note:** if you are unable to contact the operator, dial the Houston Fire Department at 9-911. Do not panic or shout fire.

- 3. Contain fire, close doors/windows; and
- 4. **E**xtinguish/Evacuate department/unit.
- B. When operating the fire extinguisher, workforce members must adhere to the following procedure (**PASS**):
  - 1. **P**ull the pin;
  - 2. **A**im at the base of the fire;
  - 3. **S**queeze the trigger; and
  - 4. **S**weep from side to side.
- C. Documentation Requirements after a Fire Drill or Fire Alarm:

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Effective Date: 8/5/16Board Motion No: n/a

1. The ASC Administrator must document the ASC's response to a drill or actual fire on the Code Red Form (attached here to as Attachment A).

- 2. The ASC Administrator must complete the appropriate form(s) if a patient, visitor, or a Workforce member is injured.
- 3. If an actual fire incident occurs at the ASC, the Administrator or designee shall submit a Texas Department of State Health Services Ambulatory Surgical Center Incident Reporting Form within ten (10) business days of the incident.

### REFERENCES/BIBLIOGRAPHY:

Quad A Version 8.2

Emergency Preparedness Guide

BTGH Fire Safety Plan Policy FP

Texas Department of State Health Services Ambulatory Surgical Center Incident Reporting Form

### OFFICE OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

### **REVIEW/REVISION HISTORY:**

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		Reviewed / 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
		Revised / Approved 02/16/2023	The Ambulatory Surgical Center (ASC) at LBJ Governing Body

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Effective Date: 8/5/16
Board Motion No: n/a

		Revised / Approved 02/22/2024	The Ambulatory Surgical Center (ASC) at LBJ Governing Body	

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Effective Date: 8/5/16Board Motion No: n/a

### **ATTACHMENT "A"**

Link to the Harris Health System Code Red Report form

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Effective Date: 8/5/16 Board Motion No: n/a

### **ATTACHMENT "B"**

### TEXAS DEPARTMENT OF STATE HEALTH SERVICES AMBULATORY SURGICAL CENTER INCIDENT REPORTING FORM

Name of Facility:
Facility License #:
Telephone:
Contact person(s):
Reporting Information – (incidents must be reported within 10 business days):
1. Date of this report:
2. Date of incident:
3. Type of incident:
□ Death of a patient while under the care of the ASC
☐ The transfer of a patient to a hospital
□ Patient development of complications within 24 hours of discharge from the ASC resulting in admission to a hospital
□ A patient stay exceeding 23 hours
□ Occurrence of fire in the ASC
☐ Theft of drugs and/or diversion of controlled drugs
4. Summary of reportable incident; what happened and how it was handled (attach a separate sheet if necessary):
Return this form and any attachments within 10 business days of the incident to: Texas Department of

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Effective Date: 8/5/16Board Motion No: n/a

State Health Services Regulatory Licensing Unit - Facility Licensing Group Attn: Consolidated Programs Delivery Code 2835 PO Box 149347 Austin, Texas 78714-9347 Fax: (512) 834-451

### BOARD OF TRUSTEES



### Ambulatory Surgical Center at LBJ Governing Body

### Thursday, May 23, 2024

Consideration of Approval of the Amended Medical Staff Bylaws for the ASC at LBJ

The Ambulatory Surgical Center (ASC) Medical Executive Committee and ASC Medical Staff have approved the attached ASC Medical Staff Bylaws.

The ASC Medical Executive Committee approved the revisions to the ASC Medical Staff Bylaws and requests the approval of the Ambulatory Surgical Center at LBJ Governing Body.

Listed below is a summary of the changes:

### • Article III, Section 2 – Medical Staff Membership, Qualifications for Membership

- o Removed reference to Texas Controlled Substances Registration as this no longer exists;
- Added a requirement for all medical staff members to have completed an approved accredited residency program or be board certified in the specialty they are requesting privileges for;
- o Added language to describe the process for individuals to request a waiver of one or more qualifications for membership if he/she is "unusually qualified", as defined in this section.

### Article VI, Section 1a – Reappointment Process

• Reappointment cycle extended from two (2) years to three (3) years and increased the volume of cases to reflect 3 years.

### Article IV, Section 2 – The Affiliate Staff

Included the volume of cases to reflect 3 years.

### Article VII, Section 8 – Temporary Privileges

o Language was revised to further clarify temporary privilege process and requirements.

### • Article VIII, Section 1 - Corrective Action - Procedure

 Language was added to reflect new state law requirement that any final adverse action that impacts the clinical privileges of a physician for more than fourteen (14) days must be reported to the Texas Medical Board.

### • Article VIII, Section 2 - Administrative Suspension

• Language added to clarify instances that qualify as an administrative suspension, including the addition of an administrative suspension for failure to complete annual mandatory education.

### Article XI, Section 1. The Medical Executive Committee

Language added to include the peer review duties.

### **Medical Staff Bylaws**

### August 2023 May 2024

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#### **BYLAWS**

#### **OF THE**

### AMBULATORY SURGICAL CENTER (ASC) AT LBJ HOSPITAL

#### MEDICAL STAFF

### **PREAMBLE**

WHEREAS The Ambulatory Surgical Center at LBJ, (ASC) is an ambulatory surgical center, as defined in Title 25, Part 1, Chapter 135, of the Texas Administrative Code, as amended; and

WHEREAS, the ASC is wholly owned by the Harris County Hospital District d/b/a Harris Health System (Harris Health), which is organized under the laws of the State of Texas and pursuant to Chapter 281 of the Texas Health and Safety Code Ann. as amended; and

WHEREAS, the ASC is a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services will not exceed twenty-four (24) hours following an admission; and

WHEREAS, subject to oversight by the Harris Health Board of Trustees, the ASC Governing Body assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's operation, including the quality and safety of the medical care in the ASC, and holding the medical staff accountable to fulfill the ASC's obligations to its patients; and

WHERAS, the ASC Governing Body has approved these ASC Medical Staff Bylaws.

THEREFORE, the Practitioners and Advanced Practice Professionals practicing in the ASC shall carry out the functions delegated to the Medical Staff by the Governing Body in compliance with these Bylaws.

#### **DEFINITIONS**

Whenever the context requires, words of masculine gender used herein shall include the feminine and the neuter, and words used in the singular shall include the plural.

- 1. The term "ACTIVE STAFF" shall consist of those Medical Staff members who assume all the functions and responsibilities of membership on the Active staff.
- 2. The term "ADVANCED PRACTICE PROFESSIONAL" (APP) shall be defined as 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).

- 3. The term "AFFILIATE STAFF" shall consist of Medical Staff members who may provide patient care and participate in staff activities in a non-voting capacity.
- 4. The term "ATTENDING STAFF" means all Medical Staff holding faculty appointments 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. Medical school faculty appointment status is not required for Practitioners or Advanced Practice Professionals employed by Harris Health, or Contract Practitioners.
- 5. The term "**BOARD CERTIFIED**" means a designation that the Practitioner is certified in his or her specialty by the American Board of Medical Specialties, American Osteopathic Association, American Board of Dental Specialties, or American Board of Podiatric Medicine.
- 6. The term "**BOARD ELIGIBLE**" means a designation that the Practitioner has satisfied all requirements to be eligible to take the certification examination(s) in accordance with appropriate certifying board.
- 6. The term "CLEAN APPLICATION" shall mean a completed application in which all aspects of the application are complete; all references have been returned with all questions fully answered as either superior or good; the applicant has not been a party to any malpractice cases, adverse actions involving medical staff membership, clinical privileges or licensure/certification requiring further investigation; and all training, licensure, National Practitioner Data Bank, and OIG database information has been verified, with the results of such verification found to be acceptable. The term "Clean Application" may also be applied to an application from a Medical Staff member requesting new clinical privileges.
- 7. The term "CLINICAL PRIVILEGES" or "PRIVILEGES" means the permission granted by the Governing Body to a Practitioner to provide those diagnostic, therapeutic, medical, or surgical services which the Practitioner has been approved to render.
- 8. The term "COMPLETED APPLICATION" shall mean a signed Texas State Standardized Application and ASC Addendum in which all questions have been answered, current copy of licensure (State, DEA, DPS), peer reference letters, delineation of clinical privileges or job description, current appropriate professional liability insurance, National Practitioner Data Bank, OIG, Board Status, hospital affiliations, and verification of any other relevant information from other professional organizations according to the ASC Medical Staff Bylaws and Credentialing Procedures Manual. Additionally, all information and documentation has been provided, and all verifications solicited by the ASC have been received and require no further investigation. A completed application may be determined to be incomplete, based upon the review of Medical Staff Services, the Medical Director, or the Medical Executive Committee.
- 10. The term "CONTRACT PRACTITIONER" means, unless otherwise expressly limited, all physicians, podiatrists, or dentists who are appointed to the Medical Staff and (i) whose patient care services are contracted for by Harris Health and are performed within the ASC; (ii) are not affiliated with Baylor College of Medicine and/or The University of Texas Health Science Center at Houston; and (iii) are not employed by Harris Health to provide healthcare services at designated Harris Health Facilities. All Contract Practitioners will be categorized as Affiliate Staff.
- 11. The term "CREDENTIALING PROCEDURES MANUAL" shall mean the policy containing additional details related to the credentialing process of the ASC, as further detailed in Article XVI of these Bylaws.

- 12. The term "DAYS" shall mean calendar days, including Saturdays, Sundays, and holidays unless otherwise specified herein. Days are counted beginning on the day following the transmittal or receipt of a notice or other required correspondence.
- 13. The term "**DENTIST**" means an individual with a D.D.S. or equivalent degree licensed or authorized to practice dentistry by the State of Texas.
- 14. The term "EXECUTIVE SESSION" means any meeting or portion of any meeting, of any section, department, or committee of the Medical Staff at which privileged and/or confidential information regarding quality assessment and improvement and/or peer review information is presented or discussed.
- 15. The term **EX-OFFICIO** shall mean service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, refers to a position without voting rights.
- 16. The term "FEDERAL HEALTH CARE PROGRAM" shall mean any plan or program that provides health benefits whether through insurance or otherwise, which is funded directly in whole or in part by the United States government or a state health program (with the exception of the Federal Employees Health Benefits program). The most significant federal health care programs are Medicare, Medicaid, Blue Cross Federal Employees Program (FEP)/Tricare/CHAMPUS and the veterans' programs.
- 17. The term "FELLOW" means a physician who has completed his or her residency training and is engaged in further training in a specialized area under the direct supervision of a specialized member of the Medical Staff.
- 18. The term "GOOD STANDING" means that, at the time of his or her most recent appointment, this individual was deemed to have met the following requirements: satisfactory clinical competence, satisfactory technical skill/judgment, satisfactory results of Quality Assurance activity, satisfactory adherence to ASC Medical Staff Bylaws, satisfactory medical records completion, satisfactory physical mental health completion, satisfactory relationships to peers and status.
- 19. The term "GOVERNING BODY" means the Governing Body of the ASC.
- 20. The term "HARRIS HEALTH" shall mean the Harris County Hospital District d/b/a Harris Health System, a group of general, tertiary care, clinics, and teaching hospital campuses located in Harris County, Texas, including the Ben Taub General Hospital campus, the Quentin Mease Community Hospital campus, the Lyndon B. Johnson General Hospital campus, the Ambulatory Surgery Center at LBJ Hospital, and other locations licensed or accredited as part of Harris Health, including the clinics of the Ambulatory Care Services (collectively, "Harris Health Facilities").
- 20. The term "INELIGIBLE PERSON" means any individual or entity that: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in any federal and/or state health care programs or in federal and/or state procurement or non\_procurement programs (this includes persons who are on the List of Excluded Individuals or Entities of the Inspector General, List of Parties Excluded from Federal Programs by the General Services Administration or the Medicaid Sanction List); or (ii) has been convicted of a criminal offense related to the provision of a health care program that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.
- 21. The term "MEDICAL EXECUTIVE COMMITTEE" means the committee with authority to exercise ASC-wide functions on behalf of the Medical Staff.

- 22. The term "MEDICAL STAFF" means all physicians, dentists, podiatrists and oral-maxillofacial surgeons who are appointed to the Medical Staff to provide healthcare services at designated Harris Health facilities and who either (i) hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston, (ii) are employed by Harris Health, or (iii) are Contract Practitioners. Medical school faculty appointment status is not required for Practitioners or Advanced Practice Professionals employed by Harris Health or Contract Practitioners.
- 23. The term "**PEER**" shall mean an individual who practices in the same profession as the Practitioner under review. The level of subject-matter expertise required to provide meaningful evaluation of a Practitioner's performance will determine what "practicing in the same profession" means on a case-by-case basis. For example, for quality issues related to general medical care, a physician may review the care of another physician. For specialty-specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that specific surgical specialty. The Medical Executive Committee shall determine the degree of subject matter expertise required on a case-by-case basis.
- 24. The term "**PEER REVIEW**" shall mean the evaluation of medical and healthcare services, including evaluation of the qualifications and professional conduct of professional healthcare practitioners and of patient care provided by those Practitioners. The Practitioner is evaluated based on generally recognized standards of care. The Medical Executive Committee conducts a peer review with input from one or more Practitioner colleagues (peers).
- 25. The term "PHYSICIAN" means an individual with an M.D., D.O. or equivalent degree currently licensed to practice medicine in the State of Texas.
- 26. The term "**PODIATRIST**" means an individual with a D.P.M. or equivalent degree licensed to practice podiatry by the State of Texas.
- 27. The term "PRACTITIONER" means, unless otherwise expressly limited, any Physician, Podiatrist or Dentist holding a current license to practice in the State of Texas.
- 28. The term "RESIDENT/INTERN/HOUSESTAFF/FELLOW" means an individual who, licensed as appropriate, is a graduate of a medical, dental, osteopathic, or podiatric school and who is appointed to the ASC's professional graduate training program and who participates in patient care under the direction of Medical Staff members who have Clinical Privileges for the services provided by the Housestaff.
- 29. The term "SPECIAL NOTICE" shall mean written notification sent by certified or registered mail, return receipt requested, or by personal or e-mail delivery with a receipt of delivery or attempted delivery obtained.
- 30. The term "STATE" shall mean the State of Texas.
- 31. The term "STATE BOARD" shall mean, as applicable, the Texas Medical Board, the State Board of Dental Examiners, the State Board of Podiatric Examiners, or such other licensing board that may license individuals who have clinical privileges at the ASC.

### ARTICLE I — NAME

The name of this organization governed by these Bylaws shall be The Ambulatory Surgical Center (ASC) at LBJ (hereinafter referred to as the "ASC").

### <u>ARTICLE II — PURPOSE</u>

The purposes of this organization are:

- 1. To operate a licensed, certified, and accredited ambulatory surgery center;
- 2. To provide the best possible care for all patients admitted to or treated in any of the facilities, departments, or services of the ASC;
- 3. To provide the community with a facility in which medical and surgical procedures can be safely carried out on a short-stay basis;
- 4. To ensure a high level of professional performance of all Medical Staff members authorized to practice in the ASC through appropriate delineation of the clinical privileges that each Medical Staff member may exercise (see Article VII) and through an ongoing review and evaluation of each Medical Staff member's performance;
- 5. To provide an appropriate educational setting for Medical Staff members that will maintain medical and scientific standards that will lead to continuous advancement in professional knowledge and skill;
- 6. To initiate and maintain ASC Medical Staff Bylaws for self-governance of the Medical Staff;
- 7. To provide a means for communication and conflict resolution regarding issues that are of concern to the Medical Staff and the ASC.

### ARTICLE III — MEDICAL STAFF MEMBERSHIP

### Section 1. Nature of Medical Staff Membership

Membership on the Medical Staff of the ASC is a privilege which shall be extended, without discrimination as to race, sex, religion, disability, national origin, or age only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws, and does not in any way imply or preclude employment status by Harris Health. Membership on the Medical Staff shall confer only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws.

#### Section 2. Scope

Only Practitioners qualified to practice in the following specialties are to be granted membership on the Medical Staff of the ASC:

- Anesthesiology;
- General Surgery;
- Obstetrics and Gynecology;
- Ophthalmology;
- Oral Maxillofacial Surgery;
- Orthopedic Surgery;
- Otorhinolaryngology;
- Plastic Surgery; and
- Urology.

### Section 3. Qualifications for Membership

- a. Only individuals who have no health problems that could affect his or her ability to perform the privileges requested and can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others so as to assure the Medical Staff and ASC Governing Body that patients treated by them will be given a high quality of medical care, shall be qualified for membership on the Medical Staff.
- b. Only individuals who have and continue to maintain current unrestricted admitting privileges, in Good Standing, at Harris Health.
- c. Only individuals who are Board Certified or Board Eligible in his or her specialty practice area.
- d. Only individuals who have current licenses and certificates. Medical Staff members must have unrestricted licenses and certificates, with no past adverse licensure actions(s) (e.g., probation, suspension, revocation). Past adverse licensure action(s) do not include action(s) taken for administrative reasons, such as failure to timely pay licensure fees. Required licenses and certificates include:
  - State of Texas license to practice medicine, osteopathy, podiatry, or dentistry;
  - United States and Texas Controlled Substances Registration Certificates (DEA/DPS), with exceptions approved by the Credentials Committee;
  - National Provider Identifier (NPI); and
  - Professional liability insurance covering the exercise of all requested privileges, except for Physicians employed by Harris Health, whose liability is governed by the Texas Tort Claims Act.
- e. Only Practitioners who have no record of denial, revocation, relinquishment or termination of appointment or clinical privileges at any other healthcare facility for reasons related to professional competence or conduct.
- d. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in the ASC merely by virtue of the fact that he or she is duly licensed to practice medicine, osteopathy, podiatry, or dentistry in this State or in any other state, or that he or she is a member of any professional organization, or that he or she had in the past, or presently has, such privileges at another ambulatory surgical center.
- e. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he or she will strictly abide with all provisions of these ASC Medical Staff Bylaws.
- f. The Practitioner will remain in Good Standing so long as he or she is a member of the Medical Staff.
- g. The Practitioner is required to be eligible to participate in federal and/or State healthcare programs. The Practitioner may not currently be an Ineligible Person and shall not become an Ineligible Person during any term of membership. The Practitioner must also have no record of conviction of Medicare, Medicaid or insurance fraud and abuse.
  - (1) A Practitioner is required to disclose immediately any debarment, exclusion, or other event that makes the person an Ineligible Person.
  - (2) An Ineligible Person is immediately disqualified for membership to the Medical Staff or the granting of clinical privileges or practice prerogatives.

- A Practitioner who does not meet one or more of the qualifications for membership described above may request the Medical Director to waive one or more of the qualifications for membership. The Medical Director's determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does not entitle the Applicant to the fair hearing rights as described in Article IX of these Bylaws.
- i. A Practitioner who does not meet one or more of the qualifications for membership described above may request special consideration by the Medical Executive Committee, and Governing Body to waive one or more of the qualifications for membership if the Practitioner is determined to be unusually qualified as set forth in this subsection.

In order to be deemed "unusually qualified," Practitioners applying under this exception must (i) receive written recommendations by the Medical Director (ii) document sufficient post-training experience in the applicant's primary field at the time of application, and (iii) be a recognized leader or innovator in his or her field, as evidenced by documented research, publications, and/or unique procedural ability not otherwise available or for which there is an unexpected and non-preventable shortage on the current Medical Staff. It is anticipated that approvals of applications under this exception will be rare and are subject to approval by the-Medical Executive Committee -and the Governing Body.

At the application for reappointment, the practitioner granted privileges under this section must submit a progress report. The Practitioner's progress report shall be confirmed by the Medical Director demonstrating the exception continues to be warranted by the ongoing exercise of the privileges for which the exception was granted.

A determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does not entitle the Applicant to the fair hearing rights as described in Article IX of these Bylaws.

### Section 4. Basic Responsibilities of Medical Staff Membership

The following responsibilities shall govern the professional conduct of Medical Staff members and failure to meet these responsibilities shall be cause for suspension of privileges or dismissal from the Medical Staff:

- a. The principal objective of the Medical Staff is to render service to humanity with full respect for the dignity of each person. Medical Staff members should merit the confidence of patients entrusted to their care, rendering to each a full measure of service, devotion and continuity of care. Medical Staff members are responsible for the quality of the medical care provided to patients.
- b. Medical Staff members should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional qualifications.
- c. Medical Staff members should observe all laws, uphold the dignity and honor of their profession and accept self-imposed disciplines. They should report without hesitation, illegal or unethical conduct by other Medical Staff members and self-report their own illegal or unethical conduct. Reports should be made to the Administrator or Medical Director, who will report the information to Medical Staff Services.

- d. Medical Staff members should self-report any physical, behavioral or mental impairment that could affect his or her ability to perform his or her clinical privileges, or treatment for the impairment that occurs at any point during his or her Medical Staff membership. Reports should be made to the Administrator or Medical Director, who will report the information to Medical Staff Services.
- e. In an emergency, Medical Staff members should render services to the best of their abilities. Having undertaken the care of a patient, a Medical Staff member may not neglect him or her.
- f. Medical Staff members should not solicit patients.
- g. Medical Staff members should not dispense of their services under terms or conditions that tend to interfere with or impair the free and complete exercise of their professional judgment and skill or tend to cause a deterioration of the quality of their care.
- h. Medical Staff members should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of service may be enhanced thereby.
- i. Medical Staff members may not reveal the confidences entrusted to them in the course of professional attendance unless they are required to do so by law or unless it becomes necessary in order to protect the welfare of an individual or of the community.
- j. Medical Staff members must abide by the ASC Medical Staff Bylaws, Rules and Regulations, and Medical Staff and applicable ASC and Harris Health policies and procedures.
- k. Medical Staff members must participate cooperatively in quality review and peer evaluation activities, both as a committee member and in conjunction with evaluation of his or her own performance or professional qualifications.
- l. Medical Staff members must prepare and complete medical records in a timely fashion for all patients to whom the member provides care in the ASC.
- m. Medical Staff members are accountable to the Governing Body.

### Section 5. Conditions and Duration of Appointment

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments after there has been a recommendation from the Medical Executive Committee.
- b. Initial appointments shall be acted upon following submittal of a Completed Application.
- c. All appointments to the Medical Staff shall be for a period of not more than two years.
- d. Appointment or reappointment to the Medical Staff confers on the appointee only such clinical privileges as have been approved by the Governing Body.
- e. Each application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of a Medical Staff member's obligations to provide continuous care and supervision of their patients, to abide by the ASC Medical Staff Bylaws, Rules and Regulations, to accept committee assignments and to accept staff assignments in the ASC. All Medical Staff members shall carry an appropriate level of professional liability insurance as determined by the Governing Body of the ASC.
- f. Appointments and reappointments to the Medical Staff shall always conform to applicable State and Federal laws.

#### Section 6. Leave of Absence

- a. Requesting a Leave of Absence. A Practitioner may submit a written request to Medical Staff Services for a leave of absence 30 days prior to the requested leave, unless related to a Medical Leave of Absence. Upon favorable recommendation by the Medical Director, the Medical Executive Committee may consider a voluntary leave of absence for up to one (1) year. An additional one (1) year may be granted for good cause in accordance with policy. During the period of the leave, the Practitioner shall not exercise clinical privileges at the ASC, and the Practitioner's rights and responsibilities shall be inactive. All medical records must be completed prior to granting a leave of absence unless circumstances would not make this feasible.
- b. Termination of Leave. At least 45 days prior to the termination of the leave of absence, or at any earlier time, the Practitioner may request reinstatement of privileges by submitting a written notice to Medical Staff Services along with a summary of relevant activities during the leave. The Practitioner's request, activity summary and verification, if applicable, shall be presented to the Medical Director. The Medical Director will review the documentation and provide a recommendation to the Medical Executive Committee. Reactivation of membership and clinical privileges previously held shall be subject to quality review as determined by the Medical Executive Committee following recommendation by the Medical Director. If the practitioner is scheduled for reappointment during the approved leave, the practitioner's application for reappointment must be finalized in accordance with Article VII, Section 4 prior to the practitioner's return.
- c. Failure to Request Reinstatement. Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall not give rise to the right to a fair hearing. A request for Medical Staff membership received from a practitioner subsequent to termination shall be submitted and processed in the manner specified for applications for initial appointments.
- d. Medical Leave of Absence. Following recommendation by the Medical Director, the Medical Executive Committee shall determine the circumstances under which a particular practitioner shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. Unless accompanied by a reportable restriction of privileges, the leave shall be deemed a voluntary medical leave of absence and will not be reported to the National Practitioner Data Bank.
- e. Military Leave of Absence. Requests for leave of absence to fulfill military service obligations shall be granted upon appropriate notice to Medical Staff Services and will be provided to the Medical Executive Committee for information only.

#### ARTICLE IV — CATEGORIES OF THE MEDICAL STAFF

### **Section 1.** The Active Staff

- a. Qualifications. The Active staff shall consist of members who:
  - (1) Meet the general qualifications for membership set forth in Article III, Section 3;
  - (2) Meet the minimum case requirement by performing at least (50) cases during the prior (12) month period and performing at least one hundred and fifty (150) cases within the prior two three (23) year appointment period; and

- (3) Hold faculty appointments from Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health or are Contract Practitioners.
- b. Prerogatives. Except as otherwise provided, the prerogatives of an Active staff member shall be:
  - (1) Exercise of all clinical privileges that are granted to the member pursuant to Article VII;
  - (2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any specialty or committee of the ASC of which such person is a member;
  - (3) Participate in Medical Staff Satisfaction surveys;
  - (4) Hold any office for which the member is qualified; and
  - (5) Serve as a voting member on any committee to which such person is duly appointed or elected.
- c. Reclassification. Failure of an Active Staff member to meet the requirements of Article IV, Section 1(a) at the time of reappointment shall result in reclassification as Affiliate Staff.

### Section 2. The Affiliate Staff

- a. Qualifications. The Affiliate Staff shall consist of members who:
  - (1) Meet the general qualifications for membership set forth in Article III, Section 3;
- b. Meet the minimum case requirement by performing the number of cases by surgical service:
  - (1) General Surgery at least ten (10) cases during the prior (12) month period for initial and performing at least twentythirty (320) cases within the prior twothree (32) year reappointment period;
  - (2) Gynecology at least ten (10) cases during the prior (12) month period for initial and performing at least twentythirty (320) cases within the prior twothree (32) year reappointment period;
  - Ophthalmology at least ten (10) cases during the prior (12) month period for initial and performing at least twentythirty (20)(30) cases within the prior twothree (2)(3) year reappointment period;
  - Oral Maxillofacial- at least five (5) cases during the prior (12) month period for initial and performing at least ten fifteen (150) cases within the prior twothree (2)(3) year reappointment period;
  - Orthopedics at least ten (10) cases during the prior (12) month period for initial and performing at least twentythirty (20)(30) cases within the prior twothree (2)(3) year reappointment period;
  - (6) Otolayrngology at least five (5) cases during the prior (12) month period for initial and performing at least ten fifteen (150) cases within the prior two three (2)(3) year reappointment period;
  - (2)(7) Plastics at least ten (10) cases during the prior (12) month period for initial and performing at least twentythirty (20)(30) cases within the prior twothree (2)(3) year reappointment period; and

- (8) Urology at least ten (10) cases during the prior (12) month period for initial and performing at least twentythirty (20)(30) cases within the prior twothree prior three three (23) year reappointment period.
- (3) Meet the minimum case requirement by performing at least ten (10) cases during the prior (12) month period and performing at least twenty (20) cases within the prior two three (23) year appointment period; and
- (4)(9) Hold faculty appointments from Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health or are Contract Practitioners.
- <u>b.c.</u> Prerogatives. Except as otherwise provided, the prerogatives of an Active staff member shall be:
  - (1) Exercise of all clinical privileges that are granted to the member pursuant to Article VII: and
  - (2) Attend, in a non-voting capacity, general and special meetings of the Medical Staff or any meeting of any specialty or committee of the ASC of which such person is a member.

#### Section 3. The Provisional Staff

- a. All Practitioners and APPs who have been granted an initial appointment to the Medical Staff will be assigned to the Provisional Staff for a three (3) month period during the first year of his or her initial appointment. During the provisional period, the Practitioner or APP must perform or assist with at least ten (10) cases. At the end of the provisional period, the Medical Executive Committee will determine if they will or will not recommend placing the individual in the Active or Affiliate category of Medical Staff.
- b. Membership on the Provisional Staff is probationary and does not create any right or expectation on the part of any such Practitioner or APP of continued membership on the Medical Staff or of advancement to any other category of Medical Staff.
- c. The probationary period may be extended by the Medical Executive Committee for a period not to exceed twelve (12) months after the initial appointment of privileges.
- d. The Medical Executive Committee and Governing Body may required that a Practitioner be placed in this category of Medical Staff at any time, such as when privileges are granted between appointments or when privileges are granted for new procedures.

### <u>ARTICLE V — INTERNS, RESIDENTS, AND FELLOWS (HOUSESTAFF)</u>

Housestaff are not members of the Medical Staff. Housestaff shall not be eligible for independent clinical privileges or Medical Staff membership and shall not be entitled to any of the rights, privileges, or to the hearing or appeals rights under these Bylaws. Housestaff shall be credentialed by the sponsoring medical school or training program in accordance with provisions in a written affiliation agreement between the ASC and the school or program; credentialing information shall be made available to the ASC upon request and as needed by the Medical Staff in making any training assignments and in performance of their supervisory function. In compliance with federal laws, the ASC shall not submit a query to the National Practitioner Data Bank prior to permitting Housestaff to provide services at ASC. All interns, residents, and fellows will be required to obtain a Texas Medical Board training license, if not otherwise licensed in Texas, and a National Provider

Identifier (NPI), prior to beginning training at the ASC. Verification of this licensure will be accomplished through the Graduate Medical Education Offices at the respective Accreditation Council for Graduate Medical Education sponsoring institutions. Housestaff may render patient care services at ASC only pursuant to and limited by the following:

- a. Applicable provisions of the professional licensure requirements of this State;
- b. A written affiliation agreement between the ASC and the sponsoring medical school or training program; such agreement shall identify the individual or entity responsible for providing professional liability insurance coverage for a Housestaff Practitioner.
- c. The protocols established by the Medical Executive Committee, in conjunction with the sponsoring medical school or training program regarding the scope of a Housestaff authority, mechanisms for the direction and supervision of Housestaff, and other conditions imposed upon Housestaff by the ASC.
- d. While functioning in the ASC, Housestaff shall abide by all provisions of state and Federal law, rules and regulations; requirements of Accrediting Bodies; the ASC Medical Staff Bylaws, Rules and Regulations; and ASC and Medical Staff policies and procedures.
- e. Housestaff may perform only those services set forth in the training protocols developed by the applicable training program to the extent that such services do not exceed or conflict with the Rules and Regulations of the Medical Staff or ASC policies, and to the extent approved by the Governing Body.
- f. Housestaff shall be responsible and accountable at all times to an assigned member of the Medical Staff and shall be under the supervision and direction of that member of the Medical Staff. Housestaff may be invited or required to attend meetings of the Medical Staff, Medical Staff Services, Sections, or Committees, but shall have no voting rights.
- The ASC will promptly notify Baylor College of Medicine or The University of Texas g. Health Science Center at Houston (sponsoring institutions) Graduate Medical Education (GME) Offices when or if the ASC becomes aware of potentially inappropriate action taken by Housestaff. Upon notification of such a request, the sponsoring institution will promptly investigate the inappropriate actions. The ASC will cooperate and consult with the sponsoring institution and will permit the sponsoring institution reasonable time to conduct its investigation prior to the ASC taking any adverse action against the Housestaff member, except as otherwise provided in this Section. Regardless, after consultation with the Medical Director and/or Program Director, Harris Health's CEO may in his or her sole discretion determine that the Housestaff member not continue his or her training at the ASC until the investigation is complete. At the conclusion of the sponsoring institution's investigation, the sponsoring institution will notify the ASC of the results of the investigation and proposed corrective or rehabilitative action, or reason(s) for inaction. If Harris Health's CEO is not satisfied with the sponsoring institution's investigation, proposed corrective or rehabilitative action, or reason(s) for inaction, and a mutually agreed resolution cannot be reached, Harris Health's CEO will notify the ASC's Governing Body and the ASC's Governing Body may, in its sole discretion, remove the Housestaff member's ability to continue his or her training at the ASC.
- h. If a sponsoring institution requests to reinstate a Housestaff member who was previously removed from the ASC, the sponsoring institution will notify the ASC of the circumstances that warrant reinstatement. Harris Health's CEO will consult with the sponsoring institution that made the request, as well as with the Medical Director and the ASC's Governing Body. If Harris Health's CEO does not agree with the sponsoring institution's

request to reinstate, Harris Health's CEO will notify the ASC's Governing Body and the ASC's Governing Body may, in its sole discretion, deny the request to reinstate.

i. Nothing in these Bylaws shall be interpreted to entitle Housestaff to the fair hearing rights as described in Article IX of these Bylaws.

### ARTICLE VI — ADVANCED PRACTICE PROFESSIONALS

### Section 1. Membership

Advanced Practice Professionals are not members of the Medical Staff, but provide clinical services to ASC patients.

#### **Section 2.** Qualifications

APPs include those non-Medical Staff members whose license or certificate permits, and the ASC authorizes, the individual provision of patient care services without direction or supervision within the scope of the APP's individually delineated clinical privileges. APPs must:

- (1) Meet all applicable standards related to licensure, training and education, clinical competence and health status as described in these Bylaws, Medical Staff Rules and Regulations, and Medical Staff and ASC policies and procedures;
- (2) Be assessed, credentialed, and monitored through existing ASC credentialing, quality assessment, and performance improvement functions;
- (3) Maintain an active and current credential file and hold delineated clinical privileges approved by the Medical Executive Committee and Governing Body;
- (4) Complete all proctoring requirements as may be established by the Medical Executive Committee; and
- (5) Not admit patients or assume primary patient care responsibilities.

APPs include those categories of individuals identified in the Definitions Section of these Bylaws.

### Section 3. Prerogatives

- 1. By virtue of their training, experience and professional licensure, APPs are allowed by the ASC to function within the scope of their licensure and delineated clinical privileges but may not admit patients. All APPs shall be under the supervision of a sponsoring physician, who is member of the Medical Staff and has clinical privileges in the same surgical specialty as the APP, who is responsible for delineating the applicant's clinical privileges. If the sponsoring physician's Medical Staff membership is terminated, then the APP's ability to perform clinical services shall be suspended for a period of up to ninety (90) days or until an alternative supervising physician can be secured. If the suspension lasts longer than ninety (90) days or if there is any change in the APP's privileges, then the APP shall complete the initial application procedure. Each APP must notify Medical Staff Services immediately upon loss of required sponsorship or supervision.
- 2. APPs holding clinical privileges shall have their privileges or practice prerogatives reviewed and approved through the same mechanism described in Article VII of these Bylaws unless otherwise determined by the Medical Executive Committee.
- 3. The clinical privileges and/or practice prerogatives which may be granted to specific APPs shall be defined by the Medical Staff. Such prerogatives may include:

- (a) The provision of specific patient care services pursuant to established protocols, either independently or under the supervision or direction of a physician or other member of the Medical Staff. The provision of such patient care services must be consistent with the APP's licensure or certification and delineated clinical privileges or job description.
- (b) Participation by request on Medical Staff and/or administrative committees or teams; and
- (c) Attendance by request at Medical Staff and/or administrative meetings.
- 4. Participating in quality assessment and performance improvement activities as requested by the Quality Review Council, Medical Executive Committee, or any other committee of the Medical Staff or Governing Body. Failure of an APP to participate in quality assessment or performance improvement activities when requested by the Medical Staff or Governing Body shall result in responsive action, including the possible revocation or suspension of all privileges or practice prerogatives.

#### Section 4. Review

Nothing in these Bylaws shall be interpreted to entitle APPs to the fair hearing rights as described in Article IX of these Bylaws. An APP shall, however, have the right to challenge any action that would adversely affect the APP's ability to provide patient care services in the ASC. Under such circumstances, the following procedures shall apply:

- (1) Notice. Special Notice of the adverse recommendation or action and the right to a hearing shall be promptly given to the APP subject to the adverse recommendation or action. The notice shall state that the APP has thirty (30) days in which to request a hearing. If the APP does not request a hearing within thirty (30) days, the APP shall have waived the right to a hearing.
- (2) Hearing Panel. The Medical Director shall appoint a hearing panel that will include at least three members. The panel members shall include the Medical Director, another member of the Medical Staff, and if possible, a peer of the APP, except that any peer review of a nurse shall meet the panel requirements of the Texas Nursing Practice Act. None of the panel members shall have had a role in the adverse recommendation or action.
- (3) Rights. The APP subject to the adverse recommendation or action shall have the right to present information but cannot have legal representation or call witnesses.
- (4) Hearing Panel Determination. Following presentation of information and panel deliberation, the panel shall make a determination:
  - i. A determination favorable to the APP shall be reported in writing to the body making the adverse recommendation or action.
  - ii. A determination adverse to the APP shall result in notice to the APP of a right to appeal the decision to the Chairperson of the Governing Body.
- (5) Final Decision. The decision of the Chairperson of the Governing Body shall be the final appeal and represent the final action in the matter.

### ARTICLE VII – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

### **Section 1.** Burden of Producing Information

In connection with all applications for appointment, reappointment, advancement, or transfer, the applicant shall have the burden of producing sufficient information of clinical and professional performance to permit an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, to resolve any reasonable doubts about these matters, and to satisfy any request for such information. Failure of a Practitioner to produce required information related to an authorized Medical Staff peer review, quality assessment, performance improvement, or credentialing activity in a timely manner shall result in automatic suspension of all clinical privileges until such time as the required information has been provided. Initial applicants who fail to produce all appropriate information and/or documents as requested may withdraw their application prior to review by the Medical Executive Committee.

### **Section 2.** Application for Appointment

- a. All applications for appointment to the Medical Staff shall be signed by the applicant, and shall be submitted on a form prescribed by the State of Texas. The application shall include the following detailed information:
  - evidence of current licensure;
  - evidence of current Board Certification or current Board Eligible status;
  - evidence of current United States and Texas Controlled Substances Registration Certificates (DEA/DPS);
  - evidence of current National Provider Identifier (NPI);
  - evidence of appropriate professional liability insurance, as determined by the Governing Body;
  - privileges requested;
  - Evidence of appropriate Basic Life Support (BLS), except for those board certified or board eligible in Anesthesiology (ACLS is required);
  - relevant training and/or experience;
  - current competence;
  - physical and mental health status attestation;
  - previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
  - voluntary or involuntary relinquishment of any licensure or registration (state or district, Drug Enforcement Administration);
  - voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary decrease of privileges at any other hospital or institution;
  - suspension or revocation of membership in any local, state or national medical society;
  - suspension or revocation of license to practice any profession in any jurisdiction
  - any claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, including consent to the release of information from the present and past malpractice insurance carrier(s);

- loss of clinical privileges;
- a clear, legible copy of a government-issued photo identification, e.g., valid driver's license or passport;
- three professional peer references; and
- evidence of continuing medical education satisfactory to the Medical Executive Committee.
- b. The applicant shall have the burden of producing adequate information for a proper evaluation of their competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.
- Upon the receipt of a Completed Application, Medical Staff Services shall verify the c. applicant's information on behalf of the Medical Executive Committee. Harris Health, on pursuant to the Letter of Agreement with the ASC, shall consult primary sources of information about the applicant's credentials. It is the applicant's responsibility to resolve any problems Harris Health may have in obtaining information from primary sources. Verifications of licensure, controlled substances registrations (state and federal), specialty board certification or eligibility, and professional liability claims history, query of the National Practitioner Data Bank, and queries to ensure the applicant is not an Ineligible Person shall be completed. Verification may be made by a letter or computer printout obtained from the primary source, verbally, if documented, or electronically if transmitted directly from the primary source to Harris Health. For new applicants, information about the applicant's membership status and/or work history shall be obtained from all organizations where the applicant currently has membership or privileges and/or is employed, and where the applicant has held membership or has been granted clinical privileges and/or has been employed during the previous five years. Associated details on the credentialing process are set forth in Harris Health's Credentialing Procedures Manual.
- d. The application and verifications shall be forwarded to Medical Staff Services for review. After review by Medical Staff Services for completeness, the application and all supporting materials shall be transmitted to the Medical Executive Committee for evaluation.
- By applying for appointment to the Medical Staff, applicants thereby signify their willingness e. to appear for interviews in regard to the application; authorize the ASC to consult with members of Medical Staffs of other health care organizations with which the applicant has been associated and with others, including past and present malpractice insurance carriers, who may have information bearing on the applicant's competence, character and ethical qualification; consent to Harris Health and the ASC's inspection of all records and documents that, in the opinion of the Medical Executive Committee, may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, as well as moral and ethical qualifications for staff membership; releases from any liability all representatives of the ASC, Harris Health and its Medical Staff for their acts performed in good faith and without malice in connection with evaluation of the applicant and his or her credentials; and releases from any liability all individuals and organizations who provide information to Harris Health and the ASC in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- Each applicant shall sign and return a statement that he or she has received and read the ASC Medical Staff Bylaws and that he or she agrees to be bound by the terms thereof relating to consideration of the application and, if the applicant is appointed, to all terms thereof.

### **Section 3.** Appointment Process

- a. Medical Staff Services shall transmit Completed Applications to the Medical Executive Committee at its next regularly scheduled meeting following completion of verifications tasks and receipt of all relevant materials.
- b. Within one hundred and twenty days (120) days after receipt of the Completed Application, the Medical Executive Committee shall report its review and recommendation to the Governing Body. Prior to making this report, the Medical Executive Committee shall examine the evidence of the character, professional competence, physical and mental health status, qualifications and ethical standing of the applicant and shall determine, through information contained in references given by the applicant, and from any other sources available to the committee, whether the applicant has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested.
- c. Within sixty (60) days of receipt of the recommendation from the Medical Executive Committee, the Governing Body shall determine whether to accept or reject the recommendation. The Governing Body may only make a decision contrary to the recommendation of the Medical Executive Committee if the applicant meets all of the requirements for Medical Staff membership and the Medical Executive Committee's recommendation is unreasonable or not based on sound judgment. If the Governing Body makes a decision contrary to the recommendation of the Medical Executive Committee, the Governing Body must document its rationale for doing so.
- d. A decision by the Governing Body to accept a recommendation resulting in an applicant's appointment to the Medical Staff shall be considered a final action. Within twenty (20) days of the Governing Body's final action, the ASC shall provide notice of all appointments approved by the Governing Body by Special Notice to each new Medical Staff member. All such notices shall include a delineation of approved privileges and appointment dates.
- e. The time periods specified in Section 3(b) and (c) above are for guidance only and do not create any right for for the applicant to have his or her application processed within those time periods.
- f. When the recommendation of the Governing Body is adverse to the applicant, either in respect to appointment or clinical privileges, the Medical Director shall notify the applicant by Special Notice within fifteen (15) days, as described in Article IX of these Bylaws. No such adverse recommendation shall be forwarded to the Governing Body until after the applicant has exercised his or her right to a hearing as provided in Article IX of these Bylaws. If the applicant fails to act within thirty (30) days of receipt of the Special Notice, the applicant will have waived his or her right to a hearing as provided in Article IX of these Bylaws.
- g. If, after the Medical Executive Committee has considered the report and recommendations of the hearing committee and the hearing record, the Medical Executive Committee's reconsidered recommendation is favorable to the applicant, it shall be processed in accordance with subparagraph "b" of this section. If such recommendation continues to be adverse, the Medical Director shall promptly notify the applicant by Special Notice. The Medical Director shall forward such recommendation and documentation to the Governing Body.
- h. The Governing Body shall send notice of its final decision regarding any such review under Article IX of these Bylaws through the Medical Director to the applicant.

### Section 4. Reappointment Process

It is the responsibility of Active and Affiliate members and Advanced Practice Professionals to request reappointment to the Medical Staff in accordance with the "Reappointment and Renewal of Clinical Privileges Procedure" in the Credentialing Procedures Manual. Reappointment to the Medical Staff shall be based on the applicant's maintaining qualifications for Medical Staff membership, as described in Section 2 of this Article, current competence, and consideration of the results of quality assessment activities as determined by the Medical Executive Committee. Failure to submit a completed reappointment application form with required supporting documentation no less than sixty (60) days prior to the expiration of the Practitioner's then current appointment shall constitute a resignation from the Medical Staff and all privileges will terminate upon expiration of said appointment. Such termination shall not give rise to the right to a hearing pursuant to Article IX of these Bylaws.

Reappointment shall occur every two three (23) years. Medical Staff Services will transmit the necessary reapplication materials to the Practitioner not less than 120 days prior to the expiration date of their then current appointment.

All claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, either final or pending, since the last appointment or reappointment must be reported.

- b. Each recommendation concerning the reappointment of a staff member and the clinical privileges to be granted upon reappointment shall take into consideration the following characteristics:
  - the practitioner's ASC-specific case record, including measures employed in the ASC's quality assurance/performance improvement program, including but not limited to emergency transfers to hospitals, post-surgical infection rates, other surgical complications, etc.
  - professional competence and clinical judgment in the treatment of patients;
  - ethics and conduct;
  - relations with other Medical Staff members;
  - general attitude toward patients, the ASC, and the public;
  - documented physical and mental health status;
  - evidence of continuing medical education that is related, at least in part, to the Practitioner or APP's clinical privileges;
  - previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
  - voluntary or involuntary relinquishment of such licensure or registration;
  - voluntary or involuntary termination of Medical Staff membership; and
  - voluntary or involuntary decrease of privileges at any other hospital.
- c. Thereafter, the procedure provided in Sections 2 and 3 this Article relating to recommendations on applications for initial appointment shall be followed.
- d. Members of the Medical Staff shall maintain current licensure and certifications, as described in Article III, Section 3 of these Bylaws. Members of the Medical Staff must notify the ASC whenever their license to practice in any jurisdiction has been voluntarily/involuntarily limited, suspended, revoked, denied, or subjected to probationary conditions, or when proceedings toward any of those ends have been instituted. Those without current licensure

- and certifications will be subject to loss of privileges as described in Article VIII, Sections 3 and 4 of these Bylaws.
- e. The appointment of any Practitioner who fails to submit an application for reappointment or who loses faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston or ceases to be employed by or have a contractual relationship with the ASC shall automatically expire at the end of his or her faculty appointment or employment. A Practitioner whose appointment has expired must submit a new application, which shall be processed without preference as an application for initial appointment.
- f. When the final action has been taken, the Medical Director shall give written notice of the reappointment decision to the Practitioner.

### Section 5. Application for Clinical Privileges

Every initial application for staff appointment to the Medical Staff and each reappointment application must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such request shall be based upon the applicant's education, clinical training, experience, current competence, references, judgment, and other relevant information. The applicant shall have the burden of establishing his or her qualifications and competency to be granted the clinical privileges requested.

### Section 6. Clinical Privileges

- a. Every Medical Staff member practicing within the ASC by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, exercise only those clinical privileges specifically approved, ratified, and affirmed to him or her by the Governing Body.
- b. Clinical privileges will be limited to those activities deemed the responsibility of the specialty area to which the applicant is appointed.

### Section 7. Privileges in More Than One Specialty

Practitioners or APPs may be awarded clinical privileges in one or more specialty in accordance with their education, training, experience, and demonstrated competence.

### Section 8. Temporary Privileges

- <u>a.</u> Upon the basis of information then available, which may reasonably be relied upon as to the competence and ethical standing of the applicant, the Medical Executive Committee may grant temporary clinical privileges to <u>the new applicants</u>. Temporary privileges of the applicant shall persist until the next meeting of the Governing Body (not to exceed 120 days) and shall cease at the time of official action upon his or her application for Medical Staff membership.
- b. New Applicants: Following receipt of a Clean Application from a new applicant, the Medical Executive Committee may grant temporary Clinical Privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Medical Director. Temporary privileges of the applicant shall persist until the next meeting of the Governing Body (not to exceed 120 days) and shall cease at the time of official action upon his or her application for Medical Staff membership.
- Note: New Applicants include individuals applying for clinical privileges for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is in the reappointment process and is requesting one or more additional privileges.

<del>a.</del>

- **b.d.** Termination. Temporary clinical privileges may be terminated by the Medical Director.
- e.e. Neither termination of temporary clinical privileges nor failure to grant them shall constitute a Final Hearing Review Action and neither is an Adverse Recommendation or Action.

### Section 9. Emergency Clinical Privileges

In the case of an emergency, any current Medical Staff member, to the degree permitted by his or her license and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life of a patient using the appropriate resources of the ASC, including the calling for any consultation necessary or desirable. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in immediate danger of serious permanent harm or loss of life, and any delay in administering treatment could add to that danger.

### Section 10. Confidentiality of the Credentials File

A Medical Staff member or other individual exercising clinical privileges shall be granted access to his or her own credentials file, subject to the following provisions:

- a. A request for access must be submitted in writing to the Chairperson of the Medical Executive Committee.
- b. The individual may review, and receive a copy of, only those documents provided by or addressed personally to the individual. All other information, including peer review committee findings, letters of reference, proctoring reports, complaints, and other documents shall not be disclosed.
- c. The review by the individual shall take place in Medical Staff Services during normal work hours with an officer or designee of the Medical Staff present.

### **ARTICLE VIII - CORRECTIVE ACTION**

### Section 1. Procedure

- a. Whenever the activities, professional conduct or health status of any Medical Staff member are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of the ASC, corrective action against such Medical Staff member may be requested by the Medical Director or by the Governing Body. All such requests shall be in writing, shall be made to the Medical Executive Committee, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request. The Medical Director or designee must meet with the member to discuss the issues that are the basis for the request either prior to submission or no later than 72 hours after receipt of a copy of the request. In the event that the member who is the subject of the request for corrective action is the Medical Director, another voting member of the Medical Executive Committee must conduct the meeting. The party conducting the meeting shall send a letter to the staff member immediately following the meeting confirming that the meeting was held and the matters discussed. The letter must be sent to the staff member via Special Notice procedures with a copy to Medical Staff Services.
- b. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Chairperson of the Medical Executive Committee shall immediately appoint an ad hoc committee to investigate the matter.
- c. Within thirty (30) days after the ad hoc committee's receipt of the request for corrective action, it shall make a report of its investigation to the Medical Executive Committee. If in the reasonable view of the Medical Executive Committee more than thirty (30) days is needed

to complete the investigation, the Medical Executive Committee shall grant an extension to the ad hoc committee. Prior to the making of a report, the Medical Staff member against whom corrective action has been requested shall have an opportunity for an interview with the ad hoc investigating committee. At such interview, the Medical Staff member shall be informed that the meeting shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearing shall apply thereto. A record of such interview shall be made by the ad hoc committee and included with its report to the Chairperson of the Medical Executive Committee.

- d. Within thirty (30) days following the receipt of the report of the ad hoc investigating committee, the Medical Executive Committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected Medical Staff member shall be permitted to make an appearance before the Medical Executive Committee prior to its taking action on such request, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Medical Executive Committee.
- e. The Medical Executive Committee shall take such action as deemed justified as a result of these investigations.
- f. Any recommendations by the Medical Executive Committee to the Governing Body for reduction or revocation of clinical privileges, or expulsion from the Medical Staff shall entitle the affected Medical Staff member to the procedural rights provided in Article IX.
- g. Any final adverse action taken after the procedural rights provided in Article IX have been exhausted (1) that adversely affects the Clinical Privileges of a Physician for a period longer than 14 days must be reported in writing to the Texas Medical Board; and (2) that adversely affects the Clinical Privileges of a Practitioner for a period lasting longer than 30 days must be reported to the National Practitioner Data Bank.
- <u>g.h.</u> All decisions resulting from investigations of a Medical Staff member in a medical administrative position shall be reviewed by the Governing Body following the process as outlined in Article IX.
- h.i. When the Medical Executive Committee or Governing Body has reason to question the physical and/or mental status of a Medical Staff member, the latter shall be required to submit an evaluation of their physical and/or mental health status by a physician or physicians acceptable to the Medical Executive Committee and the affected physician as a prerequisite to further consideration of: (1) their application for appointment or reappointment, (2) their exercise of previously granted privileges, or (3) their maintenance of a Medical Staff appointment.

### Section 2. Summary Suspension

Whenever there is a reasonable belief that a Member's conduct or condition requires that immediate action be taken to protect life or to reduce the likelihood of injury or damage to the health or safety of patients, workforce members, or others, summary action must be taken as to all or any portion of the Member's clinical privileges, and such action shall become effective immediately upon imposition.

The Chairperson of the Medical Executive Committee, the Medical Executive Committee itself, the Medical Director, Harris Health's Chief Executive Officer, or the Governing Body shall have the authority, whenever action must be taken immediately in the best interest of patient care at the ASC, to suspend summarily all or any portion of the clinical privileges of a Medical Staff member, and such summary suspension shall become effective immediately upon imposition.

The Medical Staff member must be immediately notified by Special Notice from the Medical Director. A suspended member's patients in the ASC must be assigned to another member by the applicable specialty, considering the wishes of the patient, where feasible, in choosing a substitute practitioner.

As soon as possible, but within ten (10) working days after a summary suspension is imposed, the Medical Executive Committee shall convene to review and consider the action taken. In its sole discretion, the Medical Executive Committee may provide the member the opportunity to meet with the Medical Executive Committee, which may recommend modification, continuation or termination of the terms of the suspension. A Medical Executive Committee recommendation to continue the extension or to take any other adverse action as defined in Article IX entitles the Medical Staff member, upon timely and proper request, to the procedural rights contained in Article IX.

### **Section 3.** Automatic Suspension

Occurrence of any of the following shall result in an automatic suspension as detailed. An automatic suspension is not considered a final action or an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article IX of these Bylaws.

- (1) Suspension, limitation or placement of a condition on a member's professional license by the state licensing board shall result in automatic suspension of the member's privileges until the Medical Executive Committee can assess whether the suspension, limitation, or condition will be adopted by the medical staff. As soon as possible, but no later than the tenth (10<sup>th</sup>) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.
- (2) Indictment of a member for a felony or indictment of any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services shall result in automatic suspension of the member's privileges. As soon as possible, but no later than the tenth (10<sup>th</sup>) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.
- (3) Failure of the member to maintain current required licensure and certifications, as described in Article III, Section 3, shall result in automatic suspension of the member's privileges for up to thirty (30) days. The member's privileges will be reinstated once Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such actions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the actions as appropriate. Failure to satisfy this requirement in thirty (30) days will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Medical Executive Committee may approve an exception to this requirement.

### **Section 4.** Administrative Suspension

Occurrence of any of the following shall result in an administrative suspension as detailed below. An administrative suspension is not considered a final action or an adverse recommendation or action and therefore, is not reportable or required to be disclosed in subsequent credentialing applications, but an administrative suspension may be considered in any investigation or proceeding pursuant to Article IX of these Bylaws. Failure to satisfy requirements listed below in thirty (30) days after the administrative suspension will result in a voluntary resignation of the

member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Medical Director or designee, based on a recommendation from the Medical Executive Committee, may approve an exception to this requirement.

- A member's delinquency in completion of medical records shall result in automatic administrative suspension of the member's privileges and medical staff membership until Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such resolutions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the resolution as appropriate.
- (1)(2) A member's failure to complete mandatory education, as outlined in Harris Health Policy 7.41, *Medical Staff, Trainee, and Student Orientation and Annual Education*, shall result in administrative suspension of the member's privileges and medical staff membership for up to thirty (30) days. The member's privileges will be reinstated once Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Medical Director, or designee. The Medical Director shall make a report of all such actions at the next regularly scheduled meeting of the Medical Executive Committee and Medical Executive Committee shall ratify or modify the actions as appropriate.

### Section 45. Automatic Termination

Occurrence of any of the following shall result in an automatic termination as detailed. An Automatic termination is not considered an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article IX of these Bylaws.

- (1) Revocation of a physician's professional license by the Texas Medical Board shall cause all the member's clinical privileges and the medical staff membership to automatically terminate.
- (2) Conviction of or a guilty or nolo contendere plea to (including deferred adjudication) for a felony or conviction of or a guilty or nolo contendere plea to any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services by a member shall result in automatic termination of the member's privileges and medical staff membership.
- (3) A member's privileges and staff membership shall automatically terminate if the member becomes an Ineligible Person as that term is defined in these Bylaws.
- (4) Loss of employment with Baylor College of Medicine, the University of Texas Health Science Center at Houston, Harris Health, or another entity contracted to provide clinical care at the ASC shall result in automatic termination of the Practitioner's privileges and staff membership. However, if the loss of employment is related to the member's professional competence or conduct, such action is considered an adverse action under Article IX, Section 1.
- (5) The privileges and medical staff membership of a member who is suspended four times in a twelve (12) month period for delinquency in completion of medical records shall automatically terminate upon the first day of the fourth suspension within twelve monthsmonths.

- (6) The privileges and medical staff membership of a member who remains suspended for six (6) continuous weeks for delinquency in completion of medical records shall automatically terminate upon the last day of the sixth week of continuous suspension.
- Failure to notify the Medical Staff Services of the occurrence of any of the events listed in Article VIII, Section 3 shall result in automatic termination of a member's privileges and medical staff membership.
- a. Notice

The member must be immediately notified by Special Notice from the Medical Director.

### **Section 46.** Medical Administrative Positions

A Medical Staff member shall not lose staff privileges if his or her medical administrative position is terminated without following the hearing and appellate procedures as outlined in Article IX.

### ARTICLE IX — PROCEDURAL RIGHTS OF REVIEW

### Section 1. Events Giving Rise to Hearing Rights

a. Actions or Recommended Actions

Subject to the exceptions set forth in Section 1.c of this Article IX, the following actions or recommended actions, if deemed adverse under Section 1.b below, entitle the member (for purposes of Article IX, the term "member" shall include an applicant to the Medical Staff whose application for Medical Staff appointment and clinical privileges has been denied) to a hearing upon timely and proper request as provided in Section 4:

- (1) Denial of initial Medical Staff appointment;
- (2) Denial of reappointment;
- (3) Suspension of appointment, provided that summary suspension entitles the member to request a hearing only as specified in this section;
- (4) Revocation of appointment;
- (5) Special limitation of the right to admit patients not related to standard administrative or Medical Staff policies within the ASC;
- (6) Denial or restriction of requested clinical privileges;
- (7) Reduction in clinical privileges;
- (8) Suspension of clinical privileges, provided that summary suspension entitles the member to request a hearing only as specified in this section,
- (9) Revocation of clinical privileges;
- (10) Individual application of, or individual changes in, mandatory consultation or supervision requirement; or

(11) Summary suspension of appointment or clinical privileges, if the recommendation of the Medical Executive Committee or action by the Governing Body is to continue the suspension or to take other action which would entitle the member to request a hearing under Section 4, provided that if the Medical Executive Committee initiates an investigation of the member in accordance with Article VIII, no hearing rights shall accrue until the Medical Executive Committee had acted upon the report of the ad hoc committee.

### b. When Deemed Adverse

Except as provided below, any action or recommended action listed in Section 1.a above is deemed adverse to the member only when it has been:

- (1) recommended by the Medical Executive Committee; or
- (2) taken by the Governing Body under circumstances where no prior right to request a hearing exists.

### c. Exceptions to Hearing Rights

- (1) <u>Certain Actions or Recommended Actions</u>: Notwithstanding any provision in these ASC Medical Staff Bylaws, or in the Credentialing Procedures Manual to the contrary, the following actions or recommended actions do not entitle the member to a hearing:
  - (a) the issuance of a verbal warning or formal letter of reprimand;
  - (b) the imposition of a monitoring or consultation requirement as a condition attached to the exercise of clinical privileges during a provisional period;
  - (c) the imposition of a probationary period involving review of cases;
  - (d) the imposition of a requirement for a proctor to be present at procedures performed by the member, provided that there is no requirement for the proctor to grant approval prior to provision of care:
  - (e) the removal of a Practitioner from a medical administrative office within the hospital unless a contract or employment arrangement provides otherwise; and
  - (f) any other action or recommended action not listed in Section 1.a above.
- (2) Other Situations: An action or recommended action listed in Section 1.a above does not entitle the applicant or member to a hearing when it is:
  - (a) voluntarily imposed or accepted by the Practitioner;
  - (b) automatic pursuant to any provision of these ASC Medical Staff Bylaws and related manuals;

(c) taken or recommended with respect to temporary privileges, unless the action must be reported to the National Practitioner Data Bank.

### **Section 2.** Notice of Adverse Action

- a. The ASC shall, within fifteen (15) days of receiving written notice of an adverse action or recommended action under Section 1.a, give the Practitioner Special Notice thereof. The notice shall:
  - (1) advise the Practitioner of the nature of and reasons for the proposed action and of his or her right to mediation or a hearing upon timely and proper request pursuant to Section 3 and/or Section 4 of this Article IX;
  - specify that the Practitioner has thirty (30) days after receiving the notice within which to submit a request for mediation or a hearing and that the request must satisfy the conditions of Section 3 and/or Section 4;
  - (3) state that failure to request mediation or a hearing within that time period and in the proper manner constitutes a waiver of rights to mediation or a hearing and to an appellate review on the matter that is the subject of the notice:
  - (4) state that any higher authority required or permitted under this Article IX to act on the matter following a waiver is not bound by the adverse action or recommended action that the Practitioner has accepted by virtue of the waiver but may take whatever action, whether more or less severe, it deems warranted by the circumstances;
  - (5) state that upon receipt of his mediation or hearing request, the Practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based; and
  - (6) provide a brief summary of the rights the Practitioner would have at a hearing, as set forth in Sections 12-14 of this Article.

### Section 3. Request for Mediation

- a. Within ten (10) days of receipt of the notice of adverse recommendations giving rise to hearing rights, an affected member may file a written request for mediation. The request must be delivered by Special Notice to the Medical Director and state the reason the member believes mediation is desirable. If a hearing has already been scheduled, mediation must be completed prior to the date of the hearing. If no hearing has been scheduled, the mediation must take place within 45 days of receipt of the request. Under no circumstances will a hearing be delayed beyond the originally scheduled date unless both parties agree to a continuance to a date certain.
- b. The mediator shall be selected by the Chairperson of the Medical Executive Committee and must have the qualifications required by state law and experience in medical staff privileging and disputes.
- c. The fee of the mediator shall be shared equally among the parties.
- d. An individual shall be appointed by the Chairperson of the Medical Executive Committee to participate in the mediation and represent the Medical Executive Committee. The affected member and the representative of the Medical Executive Committee may each be accompanied in the mediation by counsel of their choice.

- e. Under no circumstances may the mediation delay the filing of any report required by law, or result in an agreement to take any action not permitted by law. No agreement arising out of the mediation may permit or require the Medical Executive Committee, the Governing Body, or the ASC to violate any legal requirement, accreditation requirement or any requirement of the ASC Medical Staff Bylaws.
- f. If no resolution is reached through the mediation, a hearing must be scheduled no later than forty-five (45) days following the mediation, unless otherwise agreed by the parties.

### **Section 4.** Request for Hearing

The Practitioner shall have thirty (30) days after receiving the above notice to file a written request for a hearing. The request must be delivered to the Medical Director by Special Notice.

### Section 5. Waiver by Failure to Request a Hearing

A member who fails to request a hearing within the time and in the manner specified in Section 4 above waives his or her right to any hearing and appellate review to which he or she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the adverse action or recommended action triggering the Section 2 notice. The Medical Director shall as soon as reasonably and practicable practicably send the member Special Notice of each action taken under any of the following Sections and shall notify the Chairperson of the Medical Executive Committee of each such action. The effect of a waiver is as follows:

a. Adverse Action by the Governing Body

A waiver constitutes acceptance of the adverse action, which immediately becomes the final decision of the Governing Body.

b. Adverse Recommendation by the Medical Executive Committee

A waiver constitutes acceptance of the adverse recommendation, which becomes effective immediately and remains so pending the decision of the Governing Body. The Governing Body shall consider the adverse recommendation as soon as practicable following the waiver but at least at its next regularly scheduled meeting. Its action has the following effect:

- (1) If the Governing Body's action accords in all respects with the Medical Executive Committee recommendation, the Governing Body decision becomes effective immediately.
- (2) If, on the basis of the same information and material considered by the Medical Executive Committee in formulating its recommendation, the Governing Body proposes a more severe adverse action, the member shall be entitled to a hearing.

### Section 6. Additional Information Obtained Following Waiver

When, in considering an adverse Medical Executive Committee recommendation transmitted to it under Section 5.b of this Article IX, the Governing Body acquires or is informed of additional relevant information not available to or considered by the Medical Executive Committee, the Governing Body shall refer the matter back to the Medical Executive Committee for reconsideration within a set time limit. If the source of the additional information referred to in this Section is the member or an individual or group functioning, directly or indirectly, on his or her behalf, the provisions of this Section shall not apply unless the member demonstrates to the satisfaction of the Medical Executive Committee that the information was not reasonably

discoverable in time for presentation to and consideration by the party taking the initial adverse action.

- a. If the Medical Executive Committee's recommendation following reconsideration is unchanged, the Governing Body shall act on the matter as provided in Section 5.b. of this Article IX.
- b. If the Medical Executive Committee's recommendation following reconsideration is still adverse but is more severe than the action originally recommended, it is deemed a new adverse recommendation under Section 1.a of this Article IX and the matter proceeds as such.
- c. A favorable Medical Executive Committee recommendation following reconsideration shall be forwarded as soon as reasonably practicable to the Governing Body by the Medical Director. The effect of the Governing Body action is as follows:
  - (1) <u>Favorable</u>: Favorable Governing Body action on a favorable Medical Executive Committee recommendation becomes effective immediately.
  - (2) <u>Adverse</u>: If the Governing Body's action is adverse, the member shall be entitled to a hearing.

### Section 7. Notice of Time and Place for Hearing

The Medical Director shall deliver a timely and proper request for a hearing to the Chair of the Medical Executive Committee or Chairperson of the Governing Body, depending on whose recommendation or action prompted the hearing request. The Chairperson of the Medical Executive Committee or the Chairperson of the Governing Body, as appropriate, shall then schedule a hearing. Hearings held by the Governing Body or any committee of the Governing Body under this Article IX of the ASC Medical Staff Bylaws will be closed meetings pursuant to Chapter 151 of the Texas Occupations Code and Section 161.032 of the Texas Health & Safety Code. The hearing date shall be set for as soon as practicable after the Medical Director received the request but in any event but, in any event, no more than forty-five (45) days thereafter. The Medical Director shall send the member Special Notice of the time, place, and date of the hearing, and the identity of the hearing committee members or hearing officer not less than thirty (30) days from the date of the hearing. The notice provided to the member shall contain a list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Executive Committee or Governing Body, whichever is appropriate. The member must provide a list of the witnesses expected to testify on his behalf within ten (10) days of this notice. If the member is under suspension, he or she may request that the hearing be held not later than twenty (20) days after the Medical Director has received the hearing request. The Medical Director may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Chairperson of the Governing Body. If the member does not in good faith cooperate in scheduling a hearing date, and as a result, a hearing has not been scheduled within ninety (90) days from the date of the first proposal for a hearing date by the Medical Executive Committee or Chairperson of the Governing Body, the member shall be deemed to have waived the member's right to a hearing in accordance with Article IX, Section 5, unless both parties agree to a delayed hearing date.

The notice of hearing shall contain a concise statement of the member's alleged acts or omissions, a list by number of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action which is the subject of the hearing.

### Section 8. Appointment of Hearing Committee or Hearing Officer

### a. By Medical Staff

A hearing occasioned by an adverse Medical Executive Committee recommendation shall be conducted by a hearing committee appointed by the Chairperson of the Medical Executive Committee and composed of at least three (3) members of the Medical Staff. The Chairperson of the Medical Executive Committee shall designate one of the appointees as Chairperson of the committee.

### b. By the Governing Body

A hearing occasioned by an adverse action of the Governing Body shall be conducted by a hearing committee appointed by the Chairperson of the Governing Body and composed of at least three (3) persons, including at least two (2) medical staff members when feasible. The Chairperson of the Governing Body shall designate one appointee as Chairperson of the committee.

### c. Service on Hearing Committee

An individual shall not be disqualified from serving on a hearing committee merely because he or she has heard the case or has knowledge of the facts involved or what he or she supposes the facts to be. Any member of the Hearing Committee shall not be in direct economic competition with the member involved. Direct economic competition may not be shown based solely on the member's medical school affiliation. Within ten (10) days of receipt of the Notice of Hearing, the member under review may submit a written challenge to a member of the hearing panel, specifying the manner in which the hearing committee member is deemed to be disqualified along with supporting facts and circumstances. The Medical Executive Committee or Governing Body, as appropriate, shall consider and rule on the challenge.

### d. Hearing Officer in Lieu of Hearing Committee

Subject to the approval of the Governing Body, the Medical Executive Committee may determine that the hearing will be conducted in front of a hearing officer to be appointed by the Medical Executive Committee. This officer shall not be in direct economic competition with the member involved. The term "hearing officer" as used in this Section 8.d shall be used to refer to a hearing officer who is appointed in lieu of a Hearing Committee and shall not refer to an appointed presiding officer of a Hearing Committee, provided, however, that a presiding officer still may be appointed. The decision of a Hearing Officer appointed in lieu of a Hearing Committee shall have the same force and effect as a decision by the Hearing Committee.

### Section 9. Final List of Witnesses

The witness lists required in Section 7 of this Article IX shall be amended as soon as possible by the appropriate party when additional witnesses are identified. The final list of witnesses must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding

Officer to grant a continuance or otherwise limit the testimony of witnesses not disclosed within the required timeframe.

### Section 10. Documents

All documents the parties plan to introduce into evidence at the hearing must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the introduction into evidence of documents not produced within the required timeframe.

### **Section 11.** Personal Presence

The personal presence of the member is required throughout the hearing, unless the member's presence is excused for any specified time by the hearing committee. The presence of the member's representative does not substitute for the personal presence of the member. A member who fails, without good cause, to be present throughout the hearing unless excused or who fails to proceed at the hearing in accordance with Article IX of these ASC Medical Staff Bylaws shall be deemed to have waived his or her rights in the same manner and with the same consequence as provided in Sections 4 and 5 of this Article IX, if applicable.

### Section 12. Presiding Officer

The hearing officer, if appointed pursuant to Article IX Section 37 of these ASC Medical Staff Bylaws, or if not appointed, the hearing committee Chairperson, shall be the presiding officer. The presiding officer shall maintain decorum and assure that all participants have a reasonable opportunity to present relevant evidence. He or she shall determine the order of procedure during the hearing and make all rulings on matters of procedure and the admissibility of evidence. The presiding officer shall not act as a prosecuting officer or as an advocate to any party to the hearing. If a hearing officer is appointed, he or she shall not be entitled to vote. If the Chairperson of the hearing committee serves as the presiding officer, he or she shall be entitled to vote.

### Section 13. Representation

The member may be represented at the hearing by a member of the Medical Staff in good standing, a member of his or her local professional society, or an attorney of his or her choice. The Medical Executive Committee or Governing Body, depending on whose recommendation or action prompted the hearing, shall designate a medical staff member to support its recommendation or action and, in addition, may appoint an attorney to represent it.

### Section 14. Rights of Parties

During the hearing, each party shall have the following rights, which shall be exercised in a manner so as to permit the hearing to proceed efficiently and expeditiously:

- (1) provide an opening statement no longer than 5 minutes each;
- (2) call and examine witnesses;
- (3) introduce exhibits:
- (4) cross-examine any witness on any matter relevant to the issues;
- (5) impeach any witness; and
- (6) rebut any evidence.

If the member does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.

### Section 15. Procedure and Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. In the discretion of the presiding officer, any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party shall be entitled, prior to, during, or at the close of the hearing, to submit memoranda concerning any issue of law or fact, and those memoranda shall become part of the hearing record. Written memoranda, if any, must be presented to the presiding officer, and a copy must be provided to the other party. The hearing committee may ask questions of the witnesses, call additional witnesses, or request documentary evidence if it deems it is appropriate.

### Section 16. Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the State of Texas. Participants in the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Either party shall have the opportunity to request that a matter be officially noticed and to refute the officially noticed matters by written or oral presentation of authority, in a manner to be determined by the hearing committee. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

### Section 17. Burden of Proof

The body whose adverse action or recommended action occasioned the hearing shall have the burden of coming forward with evidence in support thereof. Thereafter, the member shall have the burden of coming forward with evidence and proving by clear and convincing evidence that the adverse action or recommended action lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

### Section 18. Hearing Record

A court reporter shall be used to record the hearing, although those giving testimony need not be sworn by said reporter. The court reporter shall transcribe the hearing and submit a written copy to the presiding officer within 10 business days after adjournment of the hearing for his/her review. The presiding officer shall return any noted corrections to the court reporter within 7 days. The member may within ten days after the hearing's adjournment also request a copy of the hearing report upon payment of any reasonable costs associated with the preparation of said report and in such event may review the hearing report and return any noted corrections to the court reporter within 7 days. If the member fails to request a copy of the hearing report or if the hearing report is not returned in 7 days, the right to make any changes is waived.

### Section 19. Postponement

Requests for postponement or continuance of a hearing may be granted by the presiding officer or hearing committee only upon a timely showing of good cause.

### Section 20. Presence of Hearing Committee Members and Vote

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the hearing or deliberations, the presiding officer, in his or her discretion, may rule that such member may not participate further in the hearing or deliberations or in the decision of the hearing committee.

### Section 21. Recesses and Adjournment

The hearing committee may recess and reconvene the hearing without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be adjourned. The hearing committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

### Section 22. Hearing Committee Report

Within twenty (20) days after adjournment of the hearing, the hearing committee shall make a written report of its findings and recommendations with such reference to the hearing record and other considered documentation as it deems appropriate. The hearing committee shall forward the report to the body whose adverse action or recommended action occasioned the hearing. The member shall also be given a copy of the report by Special Notice. The hearing record and other documentation shall be transmitted to the Medical Staff Office for safekeeping as official records and minutes of the Medical Staff and shall be made available for review by any party between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, excluding holidays.

### Section 23. Action on Hearing Committee Report

Within thirty (30) days after receiving the hearing committee report, the body whose adverse action or recommended action occasioned the hearing shall consider said report and affirm, modify, or reverse its action or recommended action. It shall transmit the result to the Medical Director.

### Section 24. Notice and Effect of Result

### a. Notice

As soon as is reasonably practicable, the Medical Director shall send a copy of the result to the member by Special Notice and to the Chairperson of the Medical Executive Committee.

### b. Effect of Favorable Result

- (1) <u>Adopted by the Governing Body</u>: If the Governing Body's determination is favorable to the member, it shall become effective immediately.
- (2) Adopted by the Medical Executive Committee: If the Medical Executive Committee result is favorable to the member, the Medical Director shall, as soon as is reasonably practicable, forward it to the Governing Body which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Executive Committee for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Governing Body shall take action. Favorable action by the Governing Body shall become effective immediately.

### c. Effect of Adverse Result

If the hearing results in an adverse recommendation, the member shall receive Special Notice of his or her right to request appellate review.

### Section 25. Request for Appellate Review

A member shall have thirty (30) days after receiving Special Notice of an adverse result to file a written request for an appellate review. The request must be delivered to the Medical Director by Special Notice.

### Section 26. Waiver by Failure to Request Appellate Review

A member who fails to request an appellate review within the time and in the manner specified in Section 24 of this Article IX shall have waived any right to a review. The waiver has the same force and effect as provided in Sections 5 and 6 of this Article IX, if applicable.

### Section 27. Notice of Time and Place for Appellate Review

The Medical Director shall deliver a timely and proper request for appellate review to the Chairperson of the Governing Body. As soon as practicable, said Chairperson shall schedule an appellate review to commence not less than thirty (30) days nor more than sixty (60) days after the Medical Director received the request. If the member is under suspension, he or she may request that the appellate review be held not later than twenty (20) days after the Medical Director has received the appellate review request. The Medical Director may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Governing Body. At least thirty (30) days prior to the appellate review, the Medical Director shall send the member Special Notice of the time, place, and date of the review. The time for appellate review may be extended by the Chairperson of the Governing Body for good cause.

### Section 28. Appellate Review Body

The appellate review may be conducted by the Governing Body. The Chairperson of the Governing Body will appoint a committee consisting of three (3) to nine (9) members of the Governing Body to hear the appeal, including at least one (1) physician. The Chairperson shall designate one of the members as Chairperson.

### **Section 29.** Nature of Proceedings

The proceedings by the review body are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted. The presiding officer shall direct the Medical Staff Office to make the hearing record and hearing committee report available at the appellate review for use by any party. The review body shall determine whether the foregoing evidence demonstrates that the member has met the applicable burden of proof as required under Section 16 of this Article IX.

### Section 30. Written Statements

The member may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he or she disagrees and his or her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the appellate review body and to the group whose adverse action or recommended action occasioned the review through the Medical Director at least five (5) days prior to the scheduled date of the review, except if the time limit is waived by the review body or its presiding officer. A similar statement may be submitted by the body whose adverse action or recommended action occasioned the review, and if submitted, the Medical Director shall provide a copy to the member and to the appellate review body at least ten (10) days prior to the scheduled date of the appellate review.

### Section 31. Presiding Officer

The Chairperson of the appellate review body is the presiding officer. He or she shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

### Section 32. Oral Statement

The appellate review body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing shall be required to answer questions put by any member of the review body.

### Section 33. Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the review body and only if the party requesting consideration of the matter or evidence demonstrates to the satisfaction of the review body that it could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Medical Director, a written, substantive description of the matter or evidence to the appellate review body and the other party prior to its being introduced at the review. Any such new or additional matters or evidence shall be subject to the same rights of cross-examination, impeachment, and rebuttal provided at the hearing pursuant to Section 13 of this Article IX.

### Section 34. Powers

The appellate review body has all the powers granted to the hearing committee, and any additional powers that are reasonably appropriate to or necessary for the discharge of its responsibilities.

### Section 35. Presence of Members and Vote

A majority of the members of the review body must be present throughout the appellate review and deliberations. If a member is absent from any part of the proceedings, the presiding officer of the appellate review may, in his discretion, rule that said member shall not be permitted to participate further in the review or deliberations or in the decision of the review body.

### Section 36. Recesses and Adjournments

The review body may recess and reconvene the proceedings without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be adjourned. The review body shall then, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

### Section 37. Action Taken

Within thirty (30) days after adjournment pursuant to Section 21 of this Article IX, the review body shall prepare its report and conclusion with the result as provided below. The Medical Director shall send notice of each action taken under Section 22 of this Article IX below to the Chairperson of the Medical Executive Committee for transmittal to the appropriate Staff authorities and to the member by Special Notice.

### a. Governing Body Decision

(1) Within fifteen (15) days after adjournment, appellate review body shall make its decision, including a statement of the basis of the decision. The appellate review body may decide:

- (a) that the adverse recommendation be affirmed; that the adverse recommendation be denied;
- (b) that the matter be the subject of further hearing or other appropriate procedures within a specified time period; or
- (c) that modification of the adverse recommendation be made so that it is no longer unreasonable, arbitrary, capricious, or discriminatory.

If the appellate review body finds that the procedures were substantially complied with and that the adverse recommendation which is the subject of the appeal was not unreasonable, arbitrary, capricious, discriminatory, or lacking in basis, it shall affirm the adverse recommendation in its decision.

- (2) A majority vote of the members of the appellate review body authorized to vote is required for an adverse decision.
- (3) The decision of the appellate review body on behalf of the Governing Body shall be effective upon the date of such decision, unless reversed or modified by the Governing Body within thirty (30) days.
- (4) A copy of the appellate review body's decision shall be sent to the member by Special Notice within five (5) days following its decision.

### Section 38. Hearing Officer Appointment and Duties

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by, and the actual officer if any to be used is to be selected by the Chairperson of the Medical Executive Committee in conjunction with the Medical Director. A hearing officer may or may not be an attorney at law, but must be experienced in and recognized for conducting Medical Staff hearings in an orderly, efficient, and non-partisan manner.

### Section 39. Number of Hearings and Reviews

Notwithstanding any other provision of these ASC Medical Staff Bylaws, no member shall be entitled as a right to more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse action or recommended action giving use to the right.

### Section 40. Release

By requesting a hearing or appellate review under this Article IX, a member agrees to be bound by the provisions of Article VIII of these ASC Medical Staff Bylaws.

### **ARTICLE X – MEDICAL DIRECTOR**

### Section 1. Appointment

The Medical Director shall be appointed and approved by the ASC Governing Body. The Medical Director appointment may be cancelled by either the Governing Body or the Medical Director by providing thirty (30) days written notice to either party. The Medical Director shall perform the duties assigned by the ASC's Governing Body and by the Governing Body Bylaws and the ASC Medical Staff Bylaws.

### **Section 2.Responsibilities**

The Medical Director is invested with the following duties and prerogatives:

- 1. Call and preside over Quality Improvement (QI) meetings.
- 2. Facilitate adherence of the Medical Staff of the ASC to the ASC Bylaws.
- 3. Be chief spokesperson and enunciator of policy for the Medical Staff.
- 4. Monitor adherence to policies with respect to patient rights.
- 5. Assist the Administrator in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
- 6. Assist the Administrator in developing a structure that clearly delineates the authority and responsibility of the Medical Staff within the organization.
- 7. Take the initiative in developing, on behalf of the Medical Staff, appropriate policies and procedures for the safe, effective conduct of business and provision of patient care; and review all clinical policies and procedures of the ASC. The Medical Director shall be specifically authorized to approve (after consultation with the appropriate QI specialty representatives) and implement policies and procedures (subject to such subsequent QI review and ASC Governing Body ratification).
- 8. Take the initiative in developing, on behalf of the Medical Staff, Quality Improvement, Risk Management, and Peer Review programs in accordance with applicable standards.
- 9. Advise the Administrator in arranging for ancillary services including laboratory, radiology, and pathology services.
- 10. Carry out all other duties specifically entrusted to him/her by the QI, ASC Governing Body or any other provision of these Bylaws.

### ARTICLE XI — COMMITTEES

The Governing Body, or Medical Director with the approval of the Governing Body, may establish such committees as are necessary to fulfill the functions of the ASC. Membership of the Medical Executive Committee and other committees established under this Article of the Bylaws will be by appointment of the Governing Body, with the advice of the Medical Director, unless otherwise specified.

Unless otherwise specified in these Bylaws or at the time of selection or appointment of a Committee, non-medical staff members of a committee shall serve in an ex-officio capacity without a vote.

Committees of the Medical Staff described in the ASC Medical Staff Bylaws all function as "medical committees" and/or "medical peer review committees" pursuant to state law. Each committee's records and proceedings are, therefore, confidential, legally privileged, and protected from discovery under certain circumstances.

The function that the committee performs determines the protected status of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer review activities. Medical committee activities also include the evaluation of medical and health care services. The medical committee privilege protection extends to the minutes of meetings, correspondence between committee

members relating to the deliberative process, and any final committee product, such as any recommendation or determination.

In order to protect the confidential nature of the quality and peer review activities conducted by the committee, the committee's records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions to be protected as described herein. Therefore, committee meetings must be limited to only the committee members and invited guests who need to attend the meetings. The committee must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health care practitioners and patient care provided by those practitioners. At the beginning of each meeting, the committee members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in committee meetings, without prior approval from the Chair of the committee. Documents prepared by or considered by committee in the committee meetings must clearly indicate that they are not to be copied, are solely for use by the committee, and are privileged and confidential.

The records and proceedings of the ASC departments <u>that support</u> the quality and peer review functions of a committee, such as the Patient Safety/Risk Management and Quality Program departments are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the committee, and are not kept in the ordinary course of business. Routine administrative records prepared by the ASC in the ordinary course of business are not legally privileged or protected from discovery. Documents that are gratuitously submitted to the committee, or which have been created without committee impetus and purpose, are also not protected.

### **Section 1.** The Medical Executive Committee

a. Membership

All Active Medical Staff members are eligible for membership on the Medical Executive Committee. The Medical Director shall act as the Chair of the Medical Executive Committee.

b. Voting Members

The Medical Executive Committee shall consist of five (5) members of the Active Medical Staff, including the Medical Director. There shall be no more than one (1) committee member per specialty and there must be a committee member from anesthesiology.

c. Election of Voting Members

Voting members of the Medical Executive Committee will be elected every two (2) years. Nominations and voting will occur at the beginning of the first Medical Executive Committee meeting of the new term. In the event a voting member is unable to complete his or her term, a special election will occur at the next Medical Executive Committee to fill the position.

- d. Ex-officio Non-Voting Members:
  - (1) The Administrator of the ASC at LBJ.
- e. Invited Guests

At the request of a committee member, non-voting guests may attend meetings of the Medical Executive Committee.

**Duties** 

(1) Report to the Governing Body on all evaluation, monitoring and recommendations regarding the appropriateness and quality of health care services rendered to the patients at the ASC;

- (2) Review, investigate, and make recommendations on matters relating to the professional competence and conduct of Practitioners and APPs, including the merits of complaints and appropriate corrective action;
- (3) Represent and act on behalf of the Medical Staff and APPs between meetings, subject to such limitations imposed by these Bylaws;
- (4) Coordinate the activities of and initiate and implement general policies applicable to the Medical Staff;
- (5) Receive and act upon committee reports;
- (6) Act as the liaison between the Medical Staff and the Governing Body;
- (7) Periodically review all information available concerning the performance and clinical competence of Practitioners and APPs with clinical privileges and make recommendations for reappointment or changes in clinical privileges;
- (8) Take all reasonable steps to ensure professional, ethical conduct and competent clinical performance on the part of the Practitioners and APPs with clinical privileges in the ASC;
- (9) Review credentials of all applicants to the Medical Staff, as well as APPs, make recommendations on initial appointment and reappointment to the medical staff, and delineate clinical privileges;
- (10) Perform appropriate functions related to quality assessment and improvement, medical records, surgery, infection control and antibiotic usage, tissue review, medical staff utilization, pharmacy and therapeutics, anesthesiology, and other such functions; and
- (11) Perform other duties as requested by the Governing Body.
- (12) Monitor and determine that system issues that are identified as part of professional practice evaluation activities are successfully resolved;
- (13) Work with Service Chiefs to disseminate educational lessons learned from the review of cases pursuant to the Professional Practice Evaluation (PPE) Policy, either through peer learning sessions in the Service or through some other mechanism
- (14) Educating the ASC Medical Staff and other ASC staff regarding illness and impairment recognition issues specific to Practitioners and APPs;
- (15) Encouraging self-reporting by Practitioners and APPs and referral by other members of the ASC Medical Staff
- (16) Determining the best avenue of referral to care for a Practitioner or APP;
- (17) Monitoring the progress of an affected Practitioner or APP until the rehabilitation process is complete
- (11)(18) Reporting to the ASC Medical Director or their designee, instances when there is evidence that a Practitioner or APP represents a clear and imminent danger to self, others, or patients.

### ARTICLE XII—IMMUNITY FROM LIABILITY

The following shall be express conditions to any Medical Staff member's application for clinical privileges within the ASC at LBJ:

### Condition 1.

Any act, communication, report, recommendation, or disclosure, with respect to any such Medical Staff member performed, or made in good faith and without malice, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged and immune from liability to the fullest extent permitted by law.

### Condition 2.

All such privileges and immunities shall extend to members of The ASC at LBJ's Medical Staff and of its Governing Body, its other Practitioners, its Medical Director and his or her representatives, the Administrator of the ASC at LBJ, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article XVII, the term "third parties" means both individuals and organizations who provide information to an authorized representative of the Governing Body or of the Medical Staff.

### Condition 3.

There shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

### Condition 4.

All such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities, including, but not limited to:

- a. Applications for appointment or clinical privileges;
- b. Periodic reappraisals for reappointment or clinical privileges;
- c. Corrective action, including summary suspension;
- d. Hearings and appellate reviews;
- e. Medical care evaluations;
- f. Utilization reviews; and
- g. Other ASC, department, service or committee activities related to quality patient care and inter-professional conduct.

### Condition 5.

The acts, communications, reports, recommendations and disclosures referred to in this Article XII may relate to a Medical Staff member's professional qualifications, ethics, or any other matter that might directly or indirectly have an effect on patient care.

### Condition 6.

Each Medical Staff member shall, upon request of the ASC at LBJ, execute a release in favor of the entities identified in the Second paragraph of this Section and consistent with the provisions of this Article XII.

### <u>ARTICLE X111 — CONFLICTS OF INTEREST</u>

### **Section 1. Definitions**

<u>Conflicts of Interest</u> – A conflict of interest potentially exists when a Medical Staff member, or a relative, has direct or indirect interests, including financial and personal interests, or business transactions or professional activities, that may compromise or appear to compromise: (1) the Medical Staff member's clinical judgment; (2) the delivery of patient care; or (3) the Medical Staff member's ability to fulfill his or her Medical Staff obligations.

### Section 2. Compliance

Medical Staff members must comply with the Conflict of Interest policies of their affiliated organization (e.g.e.g., Baylor College of Medicine, The University of Texas Health Science Center at Houston, or Harris Health for Contract Practitioners and Medical Staff members employed by Harris Health).

### Section 3. Disclosure of Potential Conflict of Interest

- a. A Medical Staff member shall have a duty to disclose any conflict of interest when such interest is relevant to a matter of action (including a recommendation to Harris Health Administration or the Governing Body) being considered by a committee, department or other body of the Medical Staff. In a Medical Staff member's dealings with and on behalf of the ASC, the Medical Staff member shall be held to a strict rule of honest and fair dealing with the ASC. The Medical Staff member shall not use his or her position, or knowledge gained there from, so that a conflict might arise between the interests of the ASC and those of the Medical Staff member member.
- b. As a matter of procedure, the Chairperson of the Medical Staff committee or other body designated to consider a matter that may lead to the provision of items, services, or facilities to the ASC by a third party or the establishment of a business relationship between a third party and the ASC shall inquire, prior to any discussion of the matter, whether any Medical Staff member has a conflict of interest. The existence of a potential conflict of interest on the part of any committee member may be called to the attention of the committee Chairperson by any Medical Staff member with knowledge of the matter.
- c. Any Medical Staff member with a conflict of interest on any matter should not vote or use his or her personal influence regarding the matter, and he or she should not be counted in determining the quorum for the body taking action or making a recommendation to the Governing Body. The minutes of that meeting should reflect that a disclosure was made, the abstention from voting, and the quorum situatiosituation.
- d. The foregoing requirements should not be construed as preventing the Medical Staff member from briefly stating his or her position in the matter, nor from answering pertinent questions by the Governing Body or other Medical Staff members since his or her knowledge may be of great assistance.

### ARTICLE XIV — RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner in the ASC. Such Rules and Regulations shall be a part of these Bylaws, except that they may be amended or repealed without previous notice at any general Medical Staff meeting, or by the Medical Executive Committee or at any special Medical Staff meeting on notice, provided a quorum is present. A two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

If the voting members of the Medical Staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they shall communicate the proposal to the Medical Executive Committee prior to submission of the proposal to the Governing Body. If the Medical Executive Committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the Medical Staff. When the Medical Executive Committee proposes a policy or an amendment thereto, it shall thereafter report the change to the Medical Staff.

If the Medical Executive Committee or Medical Director identifies an urgent need for amendment to Rules and Regulations to comply with laws or regulations, the Medical Executive Committee may provisionally adopt, and the Governing Body may provisionally approve, an urgent amendment without prior notification of the Medical Staff. In such cases, the Medical Staff shall be immediately notified by the Medical Executive Committee. The Medical Staff shall have the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendment shall remain in place. If there is conflict over the provisional amendment, the process for resolving conflict between the Medical Staff and the Medical Executive Committee shall be implemented. If necessary, a revised amendment may be submitted to the Governing Body for action.

If there is a conflict between these Bylaws and the Rules and Regulations, the Bylaws shall prevail.

### ARTICLE XV—PHYSICIAN/PRACTITIONER HEALTH ISSUES POLICY

The Medical Staff shall adopt such Physician/Practitioner Health Issues. Policy as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner in the ASC. Such Physician/Practitioner Health Issues Policy shall be a part of these Bylaws, except that the Policy may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Committee or at any special Medical Staff meeting on notice, provided a quorum is present. A two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

### ARTICLE XVI — CREDENTIALING POLICIES AND PROCEDURES

The Medical Staff shall adopt a Medical Staff Credentialing Procedures Manual as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each

Practitioner in the ASC. Such Medical Staff Credentialing Procedures Manual shall be a part of these Bylaws, except that the Manual may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Committee or at any special Medical Staff meeting on notice, provided a quorum is present. A majority vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

### **ARTICLE XVII — AMENDMENTS**

### **Section 1.** Amendment Process

- a. Amendment(s) to the Bylaws may be proposed at any meeting of the Medical Executive Committee.
- b. All proposed amendments to the Bylaws approved by the Medical Executive Committee shall be submitted to the members of the Active Medical Staff for approval. The proposed amendment(s) to be adopted shall require a majority vote of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws may be voted on at any regular or special meeting of the Medical Staff or submitted to the members of the Active Medical Staff for vote by written or electronic ballot, as approved by the Medical Executive Committee. Notice of such regular or special meeting shall be made at least fifteen (15) days in advance and shall include the Bylaws amendment(s) to be voted upon.
- c. Bylaws Amendment(s) approved by the Medical Executive Committee and the Medical Staff shall be forwarded to the Governing Body, which shall approve, disapprove or approve with modifications. If the Governing Body modifies any Bylaw amendments approved by the Medical Executive Committee and the Medical Staff, such amendments, as modified, shall be returned to the Medical Executive Committee, which may accept or reject the modifications. If the Medical Executive Committee accepts the modifications, the amendment shall be submitted to the members of the Active Medical Staff for approval or disapproval as described in Section (b) above. If the Medical Executive Committee rejects the modification, the amendment shall be submitted again to the Governing Body, which may either approve or disapprove the amendment. Any disputes regarding proposed bylaws amendments shall be referred to the Joint Conference Committee for discussion and further recommendation to the Medical Executive Committee and the Governing Body.
- d. Bylaws Amendments may also be proposed to the Governing Body by the Medical Staff by majority vote of the members of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws shall be brought before the Active Medical Staff by petition signed by 20% of the members of the Active Staff. Any such proposed Bylaw amendment shall be submitted to the Medical Executive Committee for review and comment before it is submitted to the voting members of the Active Medical Staff. Any Bylaw amendment approved by a majority of the Active Medical Staff shall be presented to the Governing Body for final action along with any comments from the Medical Executive Committee.
- e. These Bylaws, and all amendments thereto, shall be effective when approved by the Governing Body, unless otherwise stated in the Bylaw provision or amendment approved by the Governing Body, and shall apply to all pending matters to the extent practical, unless the Governing Body directs otherwise.
- f. These Bylaws shall not be unilaterally amended by the Governing Body or the Medical Staff.

### **Section 2.** Editorial Amendments

Notwithstanding Section 1 of this Article XVIII, the Medical Staff Services shall have the authority to make non-substantive editorial changes to the Bylaws and to correct any typographical, formatting, and inadvertent errors.

### Section 3. Review Process

These Bylaws shall be reviewed at least annually, and amendments made according to the described amendment procedure.

### ARTICLE XVIII — PARLIAMENTARY PROCEDURES

Where these Bylaws do not conflict, *Robert's Rules of Order* shall be used in the conduct of Medical Staff meetings.

### ARTICLE XIX — CONFLICT MANAGEMENT

A conflict management process shall be developed and implemented when a conflict arises between the Medical Executive Committee and Medical Staff on issues including, but not limited to, proposals to adopt provisions of, or amendments to, the Rules and Regulations or these Bylaws. The conflict management process shall include a meeting between the involved parties as early as possible to identify the conflict, gathering information about the conflict, working with all parties to manage and, to the extent possible, resolve the conflict, and ultimately protect patient safety and quality of care. As necessary, the Medical Director shall appoint an individual to act as mediator between the groups in an effort to resolve the conflict. The Governing Body shall have the ultimate discretion to determine an effective resolution to any conflict between the Medical Staff and the Medical Executive Committee, should the parties not be able to come to a resolution. The Governing Body shall regularly review whether the process is effective at managing conflict and shall revise the process as necessary.

### **ARTICLE XX - ADOPTION**

These Bylaws shall be adopted at any regular or special meeting of the Active Staff, shall replace any previous Bylaws, and shall become immediately effective when approved by the Governing Body of The Ambulatory Surgical Center (ASC) at LBJ.

Accepted and adopted by the Medical Director and Chair of the Medical Executive Committee of the Ambulatory Surgical Center (ASC) at LBJ and the ASC Governing Body on <u>August 17, 2023. May 23, 2024.</u>

# APPROVED BY THE MEDICAL DIRECTOR AND CHAIR OF THE MEDICAL EXECUTIVE COMMITTEE OF THE AMBULATORY SURGICAL CENTER (ASC) AT LBJ: Scott Perry, MD Medical Director, Chair of Medicial Executive Committee ASC at LBJ APPROVED BY THE GOVERNING BODY OF THE AMBULATORY SURGICAL CENTER (ASC) AT LBJ:

Ewan D. Johnson, MD, PhD Jennifer Tijerina

Chair, ASC Governing Body

### **BOARD OF TRUSTEES**



### **Ambulatory Surgical Center at LBJ Governing Body**

### Thursday, May 23, 2024

Consideration of Approval of the Amended Governing Body Bylaws for the ASC at LBJ

As part of the regulatory requirements of the Ambulatory Surgical Center (ASC), the Governing Body is to review and approve the Governing Body Bylaws every two years.

Please find a summary of the changes below.

- Minor formatting changes
- Article III. Section 1: General Responsibilities
  - Updated responsibilities, per the last American Association for Accreditation of Ambulatory Surgery Facilities (AAAHC) survey.
- Article VII. Section 7: Adoption
  - o Updated adoption year
  - o Updates ASC and Board Chair information

### HARRISHEALTH AMBULATORY SURGICAL CENTER AT LBJ

## GOVERNING BODY BYLAWS OF THE AMBULATORY SURGICAL CENTER (ASC) AT LBJ

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### **PREAMBLE**

WHEREAS, The Ambulatory Surgical Center at LBJ, ("ASC") is an ambulatory surgical center, as defined in Title 25, Part 1, Chapter 135, of the Texas Administrative Code, as amended; and

WHEREAS, the ASC is wholly owned by the Harris County Hospital District d/b/a Harris Health System ("Harris Health"), which is organized under the laws of the State of Texas and pursuant to Chapter 281 of the Texas Health and Safety Code Ann. as amended; and

WHEREAS, the ASC is a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services will not exceed twenty-four (24) hours following an admission; and

WHEREAS, subject to oversight by the Harris Health Board of Trustees, the ASC Governing Body assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's operation, including the quality and safety of the medical care in the ASC, and holding the medical staff of the ASC accountable to fulfill the ASC's obligations to its patients; and

THEREFORE, the practitioners and Advanced Practice Professionals practicing in the ASC shall carry out the functions delegated to the medical staff of the ASC by the Governing Body in compliance with these Bylaws and the Medical Staff Bylaws of the ASC.

### **DEFINITIONS**

- 1. The term "Advanced Practice Professional" means an individual who holds a state license in his/her 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), Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM), Clinical Psychologist, Registered Dietician, Microbiologist, Pathology Assistant, and other non-physician healthcare providers/researchers who provide services to patients in categories approved by the Board of Trustees.
- 2. The term "Administrator" shall refer to the person filling that office pursuant to Article VI.
- 3. The term "Medical Staff' means all practitioners (as such term is defined below) who maintain privileges to treat patients in the ASC.
- 4. The term "Medical Director" shall refer to the person filling that office pursuant to Article VI.
- 5. The term "ASC Governing Body" means the body with governing authority of the ASC. The ASC Governing Body has oversight and accountability for the quality assessment and performance improvement program, and ensures that the facility policies and programs are administered to provide quality healthcare in a safe environment. "Ex-officio" means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means without voting rights.

### ARTICLE I: NAME

The name of the organization governed by these Bylaws shall be The Ambulatory Surgical Center at LBJ (ASC).

### **ARTICLE II: PURPOSE**

The purposes of this organization are:

- 1. To operate a licensed, certified, and accredited ambulatory surgery center;
- To provide the best possible care for all patients admitted to or treated in any of the facilities, departments, or services of the ASC;
- To provide the community with a facility in which medical and surgical procedures can be safely carried out on a short-stay basis;
- 4. To ensure a high level of professional performance of all Medical Staff members authorized to practice in the ASC through appropriate delineation of the clinical privileges that each Medical Staff member may exercise (see Article VI) and through an ongoing review and evaluation of each Medical Staff member's performance; and
- To provide an appropriate educational setting for Medical Staff members that will maintain medical and scientific standards that will lead to continuous advancement in professional knowledge and skill.

### ARTICLE III: ASC GOVERNING BODY

### Section 1. General Responsibilities

The ASC Governing Body is responsible for determining, implementing, and monitoring policies governing the ASC's total operation. The ASC Governing Body is responsible for approving and ensuring compliance of all major contracts or arrangements affecting the medical care provided under its auspices. The ASC Governing Body has oversight and accountability for the quality assessment and performance improvement program, and ensures that the facility policies and programs are administered to provide quality healthcare in a safe environment. The ASC Governing Body is also responsible for developing and maintaining a disaster preparedness plan. The ASC Governing Body may delegate day-to-day operational responsibilities to administrative, medical, or other personnel, but retains the ultimate responsibility for the overall operations of the ASC and quality of its services. Any delegation of the ASC Governing Body's authority must be documented in writing. The ASC Governing Body is responsible for ensuring that the Harris Health Board of Trustees ("Board of Trustees") is provided with ASC operating and quality reports on at least a biannual basis. The ASC quality reports may be reported to the Harris Health Quality Governance Council, who reports to the Board of Trustees.

### Section 2. Appointment, Number, Term, Membership and Qualifications

The members of the ASC Governing Body shall be appointed by the Board of Trustees.

The ASC Governing Body shall consist of six (6) members. The ASC Governing Body will include

three (3) members of the Board of Trustees appointed to be on the ASC Governing Body. Each of the three (3) members who are also members of the Board of Trustees shall hold office for two (2) years or until his/her resignation, retirement, removal, disqualification or his/her successor is appointed by the Board of Trustees. These three (3) members will continue to serve until their successors are appointed. These three (3) members are eligible for reappointment at the discretion of the Board of Trustees. A Harris Health Executive Vice President shall also be a voting member of the ASC Governing Body. The members of the ASC Governing Body shall also include two (2) non-voting ex-officio members: the Medical Director of the ASC and the Nursing Director/Administrator of the ASC. In the event of a tie vote of the voting members of the Governing Body, the Medical Director shall cast the deciding vote. All ASC Governing Body members who are members of the Board of Trustees serve without compensation and all ASC Governing Body members may be removed, with or without cause, by the Board of Trustees.

### Section 3. Powers Reserved to Harris Health Board of Trustees

The following powers are reserved to the Harris Health Board of Trustees and the ASC Governing Body is prohibited from taking any action on the following matters without the prior approval of the Harris Health Board of Trustees.

- a. Expenditure of Harris Health funds;
- Adoption, amendment or revocation of the Governing Body Bylaws of the Ambulatory Surgical Center at LBJ;
- c. Appointment and removal of the members of the ASC Governing Body.

### ARTICLE IV: MEETING OF GOVERNING BODY

### Section 1. Regular Meetings

The ASC Governing Body shall meet a minimum of four (4) times per year, one of these meeting shall serve as an annual meeting of the ASC Governing Body. The meeting shall be held at such place as the ASC Governing Body may designate. Additional meetings may be held at the discretion of the ASC Governing Body to conduct the business of the ASC.

Regular meetings shall include, without limitation, the following items:

- Disposition of minutes of previous meetings;
- b. Consent Items;
- Reports and recommendations from the Medical Executive Committee regarding credentialing and peer review and from the Quality Review Council regarding quality of care for the ASC Governing Body's consideration;
- d. Miscellaneous items;
- e. Administrator's Report;
- f. Medical Director's Report; and
- Executive session items.

### Section 2. Special or Emergency Meetings

Special meetings of the ASC Governing Body may be called by the Chair or another Member of the ASC Governing Body. A special meeting shall be for the purpose of considering the item or items on the agenda for such a meeting.

### Section 3. Notice of Meetings

For all regular meetings, the members shall be notified in writing not less than seventy-two (72) hours in advance of the scheduled meeting.

A schedule of regular meetings of the ASC Governing Body shall be published as part of the yearly Harris Health System Board calendar.

For special or emergency meetings, dependent upon the time available and the urgency of the occasion, members may be notified by mail, telephone, e-mail, or facsimile transmittal, setting out the date, time, and specific purpose of the special or emergency meeting.

Notice of each meeting shall be posted as required by the Texas Open Meetings Act.

### Section 4. Quorum

The presence of at least three (3) ASC Governing Body voting members, two (2) of whom are also members of the Board of Trustees, shall constitute a quorum for the transaction of business.

### Section 5. Attendance

Each member of the ASC Governing Body is expected to attend at least 70% (seventy percent) of the regularly scheduled meetings, including appropriate committee meetings during any 12-month period.

### Section 6. Manner of Acting

Except as otherwise provided in these bylaws, the act of the majority of the members present at a meeting at which a quorum is present shall be the act of the ASC Governing Body.

### Section 7. Public Meetings

All meetings of the ASC Governing Body shall be open to the public, except that the ASC Governing Body may hold Executive Sessions in accordance with the Texas Open Meetings Act.

### Section 8. Committees of the ASC Governing Body

The ASC Governing Body, by resolution adopted by a majority of the members of the ASC Governing Body present at a meeting at which a quorum is present, may designate members to constitute committees, standing or special. The committees shall make recommendations to the ASC Governing Body.

### Section 9. Rules of Order

- a. Robert's Rules of Order Newly Revised (the most recent version) shall govern the proceedings of the meetings of the ASC Governing Body in all matters not inconsistent with these Bylaws or the Constitution and laws of the State of Texas. Notwithstanding anything contained in such Rules to the contrary, the Chair of the ASC Governing Body may vote on any matter before the ASC Governing Body.
- b. If any member or members in the minority on any question wishes to present a written minority opinion to the ASC Governing Body Secretary, such opinion shall be filed with the permanent records of ASC.

### ARTICLE V: OFFICERS

### Section 1. Officers of the ASC Governing Body

The ASC Governing Body at its Annual meeting shall elect a Chair, and may elect such other officers, which may include a Vice Chair, a Secretary, and other officers and assistant officers, as the ASC Governing Body deems necessary or advisable for the efficient operation of the ASC's affairs. Any two or more offices may be held by the same person.

### Section 2. Election and Term

Officers of the ASC, if any, shall be elected by the ASC Governing Body at the Annual Meeting of the ASC Governing Body. Each officer shall hold office until his/her successor shall have been duly elected or until his/her prior death, resignation, or removal.

### Section 3. Duties of the Officers

Duties of the Chair

The Chair shall preside at all meetings of the Governing Body. With the approval of the Governing Body, the Chair may appoint various committees as necessary to accomplish the goals of the Governing Body.

b. Duties of the Vice Chair

The Vice Chair shall perform the duties of the Chair in his/her absence or in the event of his/her resignation, death, disability, or removal pending election of a successor Chair.

c. Duties of the Secretary

The Secretary shall see that suitable records are maintained of each meeting of the Governing Body and committees of the Governing Body, and shall submit the minutes at the next meeting of the Governing Body or committee, as applicable. After approval, such records shall be read and signed by the Chair or the member presiding, and attested by the Secretary of the meeting, if applicable. The Secretary shall cause all members of the Governing Body to be notified of all Governing Body meetings in the following fashion:

For all regular meetings, the members shall be notified in writing not less than seventy-two (72) hours in advance of the scheduled meeting.

FOR SPECIAL OR EMERGENCY MEETINGS, DEPENDENT UPON THE TIME AVAILABLE AND THE URGENCY OF THE OCCASION, MEMBERS MAY BE NOTIFIED BY MAIL, TELEPHONE, E-MAIL, OR FACSIMILE TRANSMITTAL, SETTING OUT THE DATE, TIME, AND SPECIFIC PURPOSE OF THE SPECIAL OR EMERGENCY MEETING. NOTICE OF EACH MEETING SHALL BE POSTED AS REQUIRED BY THE TEXAS OPEN MEETINGS ACT.

### ARTICLE VI: ADMINISTRATION

### Section 1. ASC Governing Body Responsibilities

- 1. Medical Staff. The ASC Governing Body is responsible for the conduct of the members of the ASC Medical Staff. In fulfillment of this responsibility, the ASC Governing Body shall provide for the establishment of a Medical Staff and shall act as the final authority with regard to all appointments, the granting, restricting or revocation of clinical privileges; all corrective action and the involuntary termination of staff membership. The ASC Governing Body shall approve the Medical Staff Bylaws, its organizational structure and rules and regulations. The ASC Governing Body reserves the right to change the Bylaws of the Medical Staff when, after due course, the Medical Staff has failed to do so when necessary in order to comply with the passage of law, change in accreditation standards or other changes in federal or state laws or statutes.
- Administration. The ASC Governing Body is responsible for the appropriate management and administration of the ASC. In fulfillment of this responsibility, the ASC Governing Body shall employ an appropriate qualified, competent Administrator; establish an annual operating budget; and establish such policies as are necessary to properly guide the ASC's operations.
- 3. Quality Improvement. The ASC Governing Body is responsible for utilization, quality, appropriateness of procedures, and the appropriateness of medical care rendered by and at the ASC. In fulfillment of this responsibility, the ASC Governing Body shall cause to be established a Quality Improvement program, which will effectively monitor the quality of care and utilization of facilities with the reports of such activities, made to the ASC Governing Body at least annually.
- 4. Standards. The ASC Governing Body is responsible for maintaining the ASC programs and services in line with the community and other appropriate standards. In fulfillment of this responsibility, the ASC Governing Body directs that the ASC meet and maintain standards for licensure as an ambulatory surgery center in the state of Texas, for participation in the Medicare program, and accreditation by an organization of the ASC Governing Body's choice.

### Section 2. Administrator

- Appointment. The Administrator shall be approved by the ASC Governing Body and must be a Registered Nurse.
- 2. Responsibilities. The duties of the Administrator include:
  - A. Execute the mission and goals of the facility.
  - B. Provide for careful maintenance of patient rights.

- C. Call upon and coordinate use of corporate personnel and system resources. This includes but is not limited to, corporate legal and financial data processing, staffing, credentialing, marketing, human resources, and development expertise.
- D. Build the ASC's reputation with the community in general.
- E. Provide responsibility for business development of the center in conjunction with Harris Health System Business Development/Marketing Department.
- F. Participate in professional and community organizations to promote public relations in areas relating to healthcare.
- G. Understand, implement, and maintain personnel policies, employee benefits, a wage and salary program, and appropriate job descriptions that have approval by the ASC Governing Body
- H. Establish and maintain appropriate internal organizational lines of communication, authority, and accountability. Develops improved management techniques and practices.
- I. Assist in negotiation and execution of ASC contracts.
- J. Participates and coordinates selection and training of new management team members.
- K. Coordinates, with members of the management team, the center's philosophy and objectives related to staff performance standards, policies and procedures, job classifications, and compliance with government regulations.
- L. Assist the Medical Staff in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
- M. Provide a structure that clearly delineates the authority and responsibility of the Medical Staff within the organization.
- N. Ensure that appropriate policies and procedures are developed by the Medical Staff for the safe, effective conduct of business and provision of patient care.
- O. Assist the Medical Staff in developing Quality Improvement, Risk Management and Peer Review programs in accordance with applicable standards.
- P. Ensure that all provisions are made for ancillary services including laboratory, radiology, and pathology services; and assure that appropriate transfer agreements have been entered into with a local hospital.
- Q. Ensure that the organization does not discriminate on the basis of race, creed, sex, national origin or religion.
- R. Formulate short and long range plans in accordance with the missions and goals of the facility.

### Section 3. Medical Director

- 1. Appointment. The Medical Director shall be appointed and approved by the ASC Governing Body and shall serve for a period of two (2) years. The Governing Body may reappoint the Medical Director for additional two-year terms unless the appointment is otherwise cancelled by the Governing Body or the Medical Director. The Medical Director appointment may be cancelled by either the Governing Body or the Medical Director by providing thirty (30) days written notice to either party. The Medical Director shall perform the duties assigned by the ASC's Governing Body and by the Governing Body Bylaws and Medical Staff Bylaws of the ASC.
- 2. Responsibilities. The Medical Director is invested with the following duties and prerogatives:
  - A. Call and preside over Quality Improvement (QI) meetings.
  - B. Facilitate adherence of the Medical Staff of the ASC to the ASC Bylaws.
  - C. Be chief spokesperson and enunciator of policy for the Medical Staff.
  - D. Monitor adherence to policies with respect to patient rights.

- E. Assist the Administrator in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
- F. Assist the Administrator in developing a structure that clearly delineates the authority and responsibility of the Medical Staff within the organization.
- G. Take the initiative in developing, on behalf of the Medical Staff, appropriate policies and procedures for the safe, effective conduct of business and provision of patient care; and review all clinical policies and procedures of the ASC. The Medical Director shall be specifically authorized to approve (after consultation with the appropriate QI specialty representatives) and implement policies and procedures (subject to such subsequent QI review and ASC Governing Body ratification).
- H. Take the initiative in developing, on behalf of the Medical Staff, Quality Improvement, Risk Management, and Peer Review programs in accordance with applicable standards.
- Advise the Administrator in arranging for ancillary services including laboratory, radiology, and pathology services.
- J. Carry out all other duties specifically entrusted to him/her by the QI, ASC Governing Body or any other provision of these Bylaws.

### Section 4. Appointment /Reappointment of Members of the Medical Staff

The ASC Governing Body shall approve the mechanism for initial appointment and biennial reappointment to the Medical Staff. This process shall be identified in the ASC Medical Staff Bylaws. The ASC Governing Body shall approve the delineation of clinical privileges and shall act to approve/disapprove changes to the delineation of clinical privileges recommended by the ASC's Medical Executive Committee. The ASC's Medical Executive Committee shall review the applications and qualifications of all applicants to the Medical Staff and recommend to the ASC Governing Body professionals for appointment to the Medical Staff. The authority to approve members of the ASC Medical Staff resides solely with the ASC Governing Body.

### **ARTICLE VII: GENERAL PROVISIONS**

### Section 1. Indemnification

Subject to consultation with the Harris County Attorney's Office and prior approval by the Board of Trustees, the ASC Governing Body may engage private legal counsel to represent a member of the ASC Governing Body in any legal matter arising out of the good faith performance of his/her public duties. To the extent permitted by law, each member of the ASC Governing Body may be indemnified by Harris Health against any other costs, expenses, and liabilities which are imposed upon or reasonably incurred by him/her by reason of his/her being or having been such member subject to approval by the Harris Health Board of Trustees except if the member has been guilty of fraud, acted in bad faith, or engaged in gross negligence or willful misconduct. Provision of private legal counsel and/or indemnification in any legal matter must be conditioned on a finding by the Board of Trustees that 1) the provision of the defense and/or indemnification is in the public interest and not merely in the private interest of the member involved, and 2) the member was acting in good faith within the scope of his or her official duties. A not to exceed amount, reasonable legal fees, and customary expenses shall be advanced to the member upon his/her execution of an undertaking letter to Harris Health agreeing that upon a finding of the Harris Health Board of Trustees or a final court determination that the indemnified member was not acting in good faith that he/she shall reimburse

Harris Health for advanced legal fees and expenses.

### Section 2. Fiscal Year

The fiscal year of the ASC begins on October 1 and ends on the last day of September.

### **Section 3. Amendments**

Except as otherwise provided herein, these bylaws may be amended upon:

A majority vote of the ASC Governing Body and approval by a majority of the Board of Trustees.

### Section 4. Minutes, Books, and Records

The ASC shall keep correct and complete books and records and shall also keep minutes of the proceedings of the ASC Governing Body and committees. The books, records and papers of the ASC shall be at all times, during reasonable business hours, subject to inspection as provided by the Texas Public Information Act. The ASC Medical Staff Bylaws shall also be available for inspection.

### Section 5. Review

These Bylaws shall be reviewed every two (2) years or earlier if deemed necessary by the ASC Governing Body.

### Section 6. Conflict of Laws

If any provision of these Bylaws conflicts with any statute or other law of the State of Texas, such statute or law, as long as it is in effect, shall take precedence over these Bylaws.

### Section 7. Adoption

These Bylaws become effective immediately upon the later date of their acceptance and adoption by both the ASC Governing Body and the Board of Trustees.

Accepted and adopted by the Harris Health Board of Trustees of the Harris County Hospital District d/b/a Harris Health System in Harris County, Texas on Thursday, , 2024.

Accepted and adopted by the ASC Governing Body in Harris County, Texas on [Insert Date].

Jennifer Tijerina
Chair, ASC Governing Body
The Ambulatory Surgical Center (ASC) at LBJ

Andrea Caracostis, MD, MPH Chair,-Board of Trustees Harris County Hospital District d/b/a

Harris Health System

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