PROHEALTH CARE
MORELAND SURGERY CENTER

TITLE: Patient Selection Criteria							POC-2
Originated: 2/2009 new							
Supersedes: Policy Dated: 9/2019 JS/Management team							
Approved by: _____ Executive Director			Approved by: _____ Medical Director				
Review/Revised Date/Signature:	3/15 JE/JS 11/15 JE/JS 5/17 JS 5/18 JS	5/19 JS/Management team					

PURPOSE: To provide clinical criteria for safe patient selection of procedures to be scheduled at the Moreland Surgery Center (MSC).

POLICY: Patients should be in generally good health, or have stable, chronic medical conditions. The following "guidelines" expand on this principle. The surgeon should discuss any questionable cases or exceptions with the Medical Director (or designee) prior to scheduling the procedure**.

The following conditions are generally regarded as unsuitable for ambulatory surgery:

1) Any acute illness, especially any communicable disease which might be spread to other patients (e.g. chicken pox). Children with Upper Respiratory Infections are a special case, and are usually acceptable provided that they do not have bronchitis, a productive cough, or a fever. Patients that require isolation **may not** have surgery at the MSC.
2) Acute intoxication (with drugs or alcohol).
3) Pregnancy. Elective surgery ordinarily should not be done during pregnancy. The surgery center stocks urine pregnancy tests and a urine pregnancy test should be done on all women receiving General, Monitored Anesthesia Care or Moderate Sedation from the onset of menses to menopause (12 months without a period). Exceptions include women having a D&C for miscarriage or who've had a tubal ligation or hysterectomy.
4) Known diagnosis or family history of malignant hyperthermia, or patients with known myopathies.
5) Patients who have suffered the following conditions within the last six months are not considered sufficiently medically stable for outpatient ambulatory surgery:
   a) myocardial infarction
   b) angina at rest
   c) an episode of Congestive Heart Failure requiring treatment in an ER or admission to a hospital.
6) Any patient who is suffering a significant illness requiring ongoing treatment (for example angina, asthma, diabetes) should have the necessary lab work or office visit to performed within one (1) month prior to surgery to document that their condition is stable.
7) Patient Weight/Body Mass Index; For the safety of the patient and staff, a Body Mass Index (BMI) > 45 may not be an appropriate candidate for the MSC. High BMI can significantly increase anesthetic risk. Patients which exceed these limitations must have pre-approval by the OR manager or Medical director.

The weight capacity of Non-electric Stryker patient transport carts is 225kg. (495 lbs.), Electric Stryker patient transport carts is 675 lbs. Eye cart/Pain table/Stream line 3 OR tables is 500 lbs. and the GU table is 525 lbs.

a) BMI=Weight is kg. divided by [(height in meters) squared] or
b) Weight in lbs. times 703 divided by [(height in inches) squared]

8) Mobility; Patients must be able to bear weight, pivot, transfer and/or ambulate with minimal assistance.
9) Age less than one year-this relates to the size of our equipment and the need for extended post-operative monitoring for very young children. Outpatient surgery may need to be delayed until a later age in premature infants because of an increased risk of post-op apnea, which may require extended (inpatient) monitoring. Note that there is no maximum age limit.
   c) Children under one year of age may be treated for minor procedures based on select conditions approved by the Medical Director, e.g. Tympanoplasty and tube placement.
10) Patients with a known history of difficult intubation in a prior surgery.
11) Developmentally challenged patients with a known history of combativeness or requiring restraint, pediatric or adults.
12) Patients that are positive for multi-drug resistant organism (Carbapenem Resistant Enterobacteriaceae (CRE), Methicillin Resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant *Enterococcus* (VRE) or other MDRO's) or that require isolation **may not** have procedures performed at the MSC. All patients with colonization, infection, or active history of an MDRO within the past 12 months (rolling calendar), will be flagged in the Electronic Health Record (EHR) using the FYI flag and the "infection status" in the patient banner. This information may not be populated for patients that come from outside of the PHC Epic system. It is the responsibility of the ordering office to provide information regarding isolation or MDRO status for these individuals. Clearing Cultures/ Polymerase Chain Reaction (PCR) and Discontinuation of Isolation are based on the "All ProHealth Care Entities/ Patient Care/MULTI-DRUG RESISTANT ORGANISMS (MDRO) POLICY AND PROTOCOL" which is available on the iNet. http://policies.phci.org/ppmain/Policies/MULTI-DRUG%20RESISTANT%20ORGANISMS%20(MDRO)%20POLICY%20AND%20PROTOCOL.docx

The following conditions require special consideration for ambulatory surgery:

1) Patients with known Obstructive Sleep Apnea may be scheduled for surgery.
2) Patients with a history of Clostridium Difficile Infection (C. Diff) that have diarrhea/loose stool may not be scheduled for surgery. Patients with a history C. Diff that have formed stool may be scheduled for surgery.

****ASA IV:**

1) Patients who are ASA IV are not ordinarily candidates for ambulatory surgery. However, not all patients whose disease process represents a "constant threat to life" require ongoing hospitalization. There may be an occasional need to perform a brief procedure on a patient with a life-threatening illness who is living at home. For example, a patient with terminal cancer may require a brief procedure to reduce their discomfort or improve their quality of life which could be accomplished with sedation by an anesthesiologist and local infiltration by a surgeon; it would be reasonable to consider performing that surgery at the MSC.
2) When a Surgeon or an Anesthesiologist determines that a patient is ASA IV, the Surgeon and Anesthesiologist should discuss the proposed procedure and anesthetic in advance.
3) Ongoing monitoring of ASA IV cases performed at the MSC will be reported to the Medical Director and will be reported to the MAC if indicated.

Pacemakers and Defibrillators (ICD's):

1) Patients with **Pacemakers or Defibrillators** receiving a **Local** anesthetic may be performed.
2) Patients with **Pacemakers** receiving **Moderate Procedural Sedation** anesthesia may be performed.
3) Patients receiving **General or MAC** anesthesia:
   a) **Pacemakers:**
      -Procedures inferior to the umbilicus pose no significant problem.
      -Procedures superior to the umbilicus. The Anesthesiologist, at their discretion may choose to change the pacemaker mode to **Asynchronous** pacing for the duration of surgery by applying a magnet. A magnet is available through the OR desk.

   b) **Defibrillator units (ICD's):** Procedures on Patients with ICD's receiving General or MAC anesthesia are not routinely performed at the MSC. These patients require pre-approval by an Anesthesiologist or the Medical Director.

      - The Anesthesiologist, at their discretion may choose to suspend and reinstate the defibrillator function of the ICD by applying a magnet. This will change the pacemaker mode to **Asynchronous** pacing for the duration that the magnet is applied. A magnet is available through the OR desk. Removing the magnet will return the device to its preset programming. Electrocautery **must not** be used with 6 inches of the device or it **will require** interrogation and possible reset by the device company representative. Contact the patients Primary Care Provider or Cardiologist if device company representative contact information is needed.

   Device Manufacturer contact information:

Medtronic:	800-723-4636
Boston Scientific:	800-227-3422
St. Jude:	800-722-3423
Biotronik:	800-547-0394
ELA/ Sorin:	800-352-6466

References:

Accreditation Handbook for Ambulatory Health Care, Chapter 10, Subchapter I, D-1 Surgical & Related Services, 2018 Edition

Centers for Medicare & Medicaid services, HHS 42 CFR Ch. IV, §416.42(a) Standard: Anesthetic Risk and Evaluation (04-01-2015 Edition)

Marc A. Rozner, P. M. (March 2012, Volume 76, Number 3). Update on Perioperative Management of Cardiovascular Implantable Electronic Devices (CIEDs): The Heart Rhythm Society- ASA Consensus Statement. *American Society of Anesthesiologists*, 48-50.