Facility Name:	Policy And Procedure Guideline Name:	Policy Number:
St. Joseph's Outpatient Surgery Center	Patient Screening/Pre-assessment Process/Patient Selection Criteria	PRE 100
	Subject Category:	Effective Date: Governing Board Approval 11/07/2003
	Provision Of Care	Revised Date: Medical staff approval 02/04/25
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Policy:
PATIENT SAFETY IS THE FIRST PRIORITY OF EACH ONE OF THE FACILITY STAFF. This is accomplished through a screening process that has a proven record of reliability and experience in similar facilities, through education and training of the facility staff. Further, a traditional patient evaluation (history/physical appropriate to the procedure being performed) by the physician is required to ensure proper patient selection for outpatient surgery. Patient evaluation should take place sufficiently in advance, but not greater than 30 days of the scheduled surgery, to integrate an appropriate evaluation, necessary testing, access to consultative services, and thorough patient education to properly prepare the patient for surgery.

Purpose: The patient is to be pre-screened for preoperative clearance and to ensure St. Joseph's Outpatient Surgery Center is the appropriate care setting for the patient.

Procedure Guidelines:
PHASES

The **first phase** of the process, and the primary responsibility for determining the suitability of the patient for outpatient surgery, rests with the referring physician and the surgeon. The surgeon understands the patients overall medical condition and risk factors for having surgery, and the procedures for which they are privileged at the center. If there is doubt in the surgeon's mind as to whether a particular patient will do well as an outpatient, he/she should refer the patient to a general hospital and perform the necessary surgery on an in-patient basis.
The expectation for all medical staff members in screening patients is based on, in part, indications for surgery, pertinent medical history and physical, the patient's

present physical status (including heart and lung physical exam), any diagnostic findings/results and assessment of the procedure's risks and benefits.

The **second phase** of the patient screening process is handled by means of a patient brochure. The brochure is given to the patient by their surgeon with an explanation of the outpatient process. If there is doubt in the patient's mind as to how he/she will do at the facility, he/she should review with their surgeon.

The **third phase** takes place with a pre-admission screening or review of medical history by RN. Medical clearances are obtained based on medical history.
Immediate patient screening upon admission to the facility. This phase involves the completion of a nursing assessment and medical history by a Registered Nurse.

The **Fourth Phase** following the preadmission screening , a Preop nursing assessment is performed and, an anesthesiologist performs an immediate pre-induction anesthesia assessment to include the ASA risk factor, physical exam (heart/lung), a review of the medical history taken by the nurse, and a review of the History and Physical. This final step establishes whether the patient is a suitable candidate for surgery in an Ambulatory setting. If the anesthesiologist has any concern regarding the patient, the matter will be discussed with the surgeon and, include the medical director if appropriate. The case will then be scheduled to the proper setting. No charge is made to the patient for this screening.

Patient assessment is an ongoing process beginning with initial assessments by the surgeon, anesthesia, and nursing, and culminating with final patient feedback preoperatively. Interventions relating to the assessment may include, but are not limited to,

- Verification of the identity of the patient must be clear through use of identifiers such as name, date of birth, gender, etc.
- Review of preadmission assessment
- Appropriate baseline physician assessment
- Review of pre-operative status
- Review of medications, including non-prescription medications, illicit drugs, herbal medications, and supplements
- Pre-operative diagnostic studies, if performed
- Medication allergies and sensitivities, or abnormal drug reactions
- NPO status

- Temperature assessment and management
- A qualitative and quantitative pain scale assessment
- Relevant preoperative needs of the patient and family members
- Advance directives
- Identification of planned procedure by the patient or his or her designee
- Verification of surgical site, side or level
- Prescribed surgical preparation.
- Prosthetic devices
- Implantable electronic devices
- Medical Clearance, where deemed necessary.
- Availability of safe transportation home and aftercare (Patient needs to have a responsible adult to accompany patient home and remain with patient for the following 24 hours)
- Contact information for the patient's support system
- Understanding of preoperative teaching and discharge planning information
- Documentation of information per facility policy.

Assessment upon arrival at the facility is an ongoing process subject to accommodate the patient and to meet patient needs for physical and mental comfort. Pain is assessed throughout the perioperative experience by methods that are consistent with the patient's age, condition, and ability to understand. Interventions and reassessment will be documented in a consistent manner. Evidence of suspected physical/mental abuse will be documented and reported.

Individual considerations regarding communication and special needs of the patient will be addressed by the healthcare team with regard to age-specific, ethnic, cultural, and "at risk" factors.

. Laboratory and other evaluative studies may be performed based upon patient needs as perceived by the surgeon, anesthesia and facility standards.

. Potential for pregnancy will be assessed, and patients will be educated about facility policy requiring pregnancy screening for all patients with the potential for pregnancy.

. Abnormal findings will be documented and evaluated by the surgeon/anesthesia provider prior to the procedure. Further studies may be recommended as well as referrals to address abnormal findings.

Should the surgeon/anesthesia provider determine the patient's health findings or assessment on the day of surgery indicate the patient is not a candidate for surgery, the case will be cancelled, and the patient discharged. Discharge instructions will be provided to the patient or patient's care provider. The discharge instructions will include, but may not be limited to, reason for cancellation, follow up instructions, medication instructions (refer to Medication Reconciliation Policy MM190) and any other specific instructions as provided to the patient by the health care provider.

High-risk patients that have not been identified prior to day of service will be documented, as well as the clinical steps taken for further evaluation and follow up. Examples include Hypertension, morbid obesity or nutritional deprivation. Refer to Pre-Admission History Risk Factors form.

All staff are responsible for reporting suspected incidents of abuse or neglect.

. Patients who take multiple medications, prescription and non-prescription, will be assessed for possible drug interactions with anesthesia, and other medications administered by staff, per the medication reconciliation policy.

The final decision regarding procedures that may be performed at St. Joseph's Outpatient Surgery Center rests with the Medical Advisory Committee, Governing Board Committee and Governing/Regulatory Agencies. The Medical Staff Rules and Regulations of the Center guide the Medical Staff if a discrepancy is noted in the medical history or condition of the patient compared to the information.

References:

The Joint Commission 2017 PC.01.02.01
2016 AORN Perioperative Standards and Recommended Practices
AAAHC Handbook on Accreditation 2016

Patient Selection Criteria for SJOSC

The following patients who meet or exceed the described criteria may not be candidates for surgery at St. Joseph's Outpatient Surgery Center. Please refer to your Medical Director and MEC guidelines.

All patients are to be classified according to their physical status as recommended by the American Society of Anesthesiology. Listed below are the physical status classifications.

Physical (P) status classification of the American Society of Anesthesiologists

Status	**Definition**
ASA 1	A normal healthy patient.
ASA 2	A patient with a mild systemic disease.
ASA 3	A patient with a severe disease that limits activity but is not incapacitating.
ASA 4	A patient with severe systemic disease that is a constant threat to life

Only patients who are classified as I, II or stable III are candidates for outpatient surgery. If a case is posted as straight local or local with sedation and anesthesiologist is not on duty at the center, the attending surgeon must be onsite until the patient is discharged.

The following patients who meet or exceed the described criteria are NOT candidates for surgery at St. Joseph's Outpatient Surgery Center.

1. Patients who require intracranial or cardiac intervention.
2. Patients with history of malignant hyperthermia, may only be performed under local/sedation anesthesia. (or if patient with a family history needs to be first case of day) needs to be cleared by Medical Director
3. Patients with known diagnosis of hemophilia.
4. Patients with a BMI of greater than **50** may not receive general anesthesia at this facility. (Patient with BMI of 50.1 – 55 may be considered but must be approved by Medical Director, greater than 55 will not be considered for general anesthesia or MAC
5. Patients requiring invasive monitoring.
6. Patients who are on continuous O2 at home, prn o2 acceptable if can maintain sats >94% on room air, History of Treacher Collins Syndrome, difficult airway, airway obstruction IE-tumor, Advanced Scleroderma, post radiation.
7. Patients who are ventilator dependent.

8. Patients with a Tracheostomy.
9. Patients that are known to require transfer to a hospital facility or known transfer to ED.
10. Patients who have had an angioplasty 4 weeks or less prior to their surgery.
11. Patients with drug eluding (DE) or coated stents placed within 6 months, unless treating Cardiologist approves sooner.
12. Patients with Bare Metal Stents that were placed in the past 3 months.
13. Patients who are pregnant.
14. MI<6 months
15. Strokes, Grand Mal Seizers' < 90 days
16. Patients who are homeless/indigent are not candidates for surgery in this facility unless the surgeon has provided clear instruction on where patient should be sent after recovering from anesthesia, as well as who is responsible in receiving the patient subsequently.

NOTE: All patients with significant cardiac history such as CHF, Valvular heart disease, Stents, Bypass Surgery or on Thrombolytic need a pre-operative cardiac clearance, including all MAC procedures and anesthesia assisted EGD's and Colonoscopies. Cardiac Clearance includes any studies performed, a baseline ECG within 90 days, and any notes regarding implants, or most recent cardiology note. If the patient has an EF that exists, it needs to be within one year of the date of surgery. Patients with an EF less than 40% are not candidates.

Pulmonary clearance is needed on patients with history of COPD, pulmonary hypertension, Emphysema (at the discretion of the medical director).

All Patients with significant Neurological history need a Neurological clearance including all MAC procedures and anesthesia assisted EGD's and Colonoscopies. Patients with, uncontrolled seizures, Quadriplegia and paraplegia needs to be at the discretion of the medical director. Patients with uncontrolled Grand Mal seizures, Strokes less than 90 days are not candidates.

Pediatric Patients

All pediatric patients (age 13 and under) must meet the same criteria as adults. In addition to the above criteria the following pediatric patients are not appropriate for surgery at the facility:

1. Infants with a weight of less than eight (8) pounds.
2. Premature infants under 60 week's post-conceptual age (5 months) or 3 months for term infants. (These guidelines are per the Guidelines from current Issues in Pediatric Anesthesia Volume 10, No. 4, October 1998.)

3. Pediatric patients with multiple congenital anomalies, i.e. respiratory, cardiac and airway abnormalities (i.e.: obstructive sleep apnea, history of apneic periods).
4. Pediatric patients under 3 years of age may not have a tonsillectomy at this Facility.

Latex allergies: A history of latex allergy/sensitivity, as well as, the degree of reaction they exhibit, should be elicited from all patients. Patients with prior life threatening reactions should be scheduled in an inpatient surgical setting.

- **Note:**

  All pts on anti-coagulant therapy need specific instruction from surgeon/proceduralist, how and when to modify medication. A note must be posted/from history print out listing anticoagulants, significant cardiac, pulmonary, neurologic history. ACE-APB, Plavix, Xeralto, Coumadin, ASA, Eliquis, Pradaxa, Lixiana.