


Name of Policy:	<u>Procedures That May Be Performed</u>	 <p>Effective Date: November 20, 2009 Initial Effective Date: May 12, 1981</p>
Policy Number:	3364-101-01-03	
Department:	Ambulatory Services	
Approving Officer:	Associate Vice President Associate Executive Director	
Responsible Agent:	Administrator, Ambulatory Services & Behavioral Health	
Scope:	Ambulatory Services	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

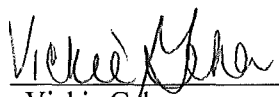
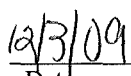

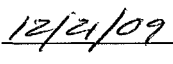
Decisions regarding the performance of procedures in the Ambulatory setting are the responsibility of the attending physician. It is desirable that complex procedures be performed in other than the Ambulatory setting and under more closely monitored conditions.

(B) Purpose of Policy

To provide guidelines for performing procedures in the Ambulatory setting.

(C) Procedure

1. Each service is structured with an attending physician available. Decisions regarding procedures in the Ambulatory setting are to be the responsibility of the attending physician.
2. The physician, or appropriate delegate, is to perform a history and physical examination and note special information which may affect decisions regarding the safety of the procedure performance, post operative care required, infection control, and the emotional state and age of the patient.
3. Procedures which cannot be performed in the Ambulatory setting are those more appropriately handled in an operating suite requiring regional, general or spinal anesthesia, or the inpatient environment where more extensive assistance, support, and proper conditions are available.
4. The response of the attending physician shall determine, based on the assessment of the individual patient, what may NOT be performed in the Ambulatory setting.
5. Questions which may arise related to this policy are to be brought to the Clinic Medical Director who may wish to consult or seek advice from the Medical Director.

Approved by:  _____ Vickie Geha Administrator, Ambulatory Services & Behavioral Health	 _____ Date	Review/Revision Date: 3/81 2/90 3/82 3/92 9/83 10/93 10/84 3/96 3/85 5/99 2/86 1/01 5/87 12/04 7/88 8/06 11/89 11/20/2009
 _____ Norma Tomlinson, RN, MSN, NE-BC Associate Vice President Associate Executive Director	 _____ Date	
<i>Review/Revision Completed By:</i> <i>Ambulatory Services</i>		Next Review Date: 11/1/2012
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.