



**PARKVIEW**  
**HEALTH**

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**FOUNDATION SURGERY AFFILIATE  
OF FORT WAYNE L.L.C. D/B/A  
PARKVIEW SOUTHWEST SURGERY  
CENTER**

**MEDICAL STAFF RULES  
AND REGULATIONS**

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**FOUNDATION SURGERY AFFILIATE OF FORT WAYNE, L.L.C. D/B/A PARKVIEW SURGERY CENTER**  
**MEDICAL STAFF RULES AND REGULATIONS**

**Introduction**

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. Such Rules and Regulations shall be part of the Bylaws except that they may be amended without prior notice at any regular Medical Staff meeting by two thirds (2/3) vote of the Active Medical Staff. Such amendments likewise require approval of the Board of Managers of Foundation Surgery Affiliate of Fort Wayne, L.L.C. d/b/a Parkview Southwest Surgery Center ("ASC" or "PSSC").

Unless otherwise indicated, the definitions set forth in the Medical Staff Governance and Credentialing Manual apply to these Medical Staff Rules and Regulations, as if set forth fully herein.

**Rules**

- I. Each Member Practitioner who is a Member of Medical Staff and/or Holds Clinical Privileges at the ASC shall maintain professional liability insurance as set forth in Art. II of the Bylaws.
- II. No patient shall have surgery scheduled or be admitted to the ASC until after a provisional diagnosis has been stated.
- III. To the extent the Physician has knowledge of the information, Physicians admitting patients shall be responsible for giving such information as may be necessary, to assure the protection of other patients from those who are a source of potential danger.
- IV. Pre-anesthesia laboratory requirements will be determined by the Medical Executive Committee. If laboratory procedures are necessary, they will be performed in facilities which are CLIA-accredited.
- V. Radiological services shall be provided in the ASC by means of a portable radiological system. Services shall be limited to services specifically ordered by the admitting Physician as an adjunct to surgical or pain procedures. Other pre-admission or post-operative x-rays will be done in an outside facility.
- VI. Physician orders and standing orders of medical policy shall be approved by the Medical Executive Committee after verification by the appropriate Physician(s). All orders shall be deemed consistent with ASC policies.
- VII. The attending physician shall be responsible for the preparation of a complete and legible medical record for each patient he/she admits. The record shall include identification data, chief complaint, brief pertinent personal history, significant past medical and family history, laboratory results, surgical and anesthesia consent, report of surgical procedure, anesthesia record, pre-operative and post-operative nursing notes, pathology report, progress note, final diagnosis and discharge summary. No medical record shall be filed until it is complete, except on order of the Board of Managers.
- VIII. A pertinent history and physical examination shall be performed as outlined in the ASC's Medical Record Completion policies and/or concurrent with the admission of a patient. A physician must examine the patient immediately before surgery to evaluate the risk of

anesthesia and of the procedure to be performed. Report of the physician examination must include: planned procedure, diagnosis, planned anesthesia, chief complaint, comorbid conditions, allergies, current medication, smoking history/substance abuse, and physical exam. If the patient requires a consultation or referral, it must be accomplished in an appropriate and timely manner.

- IX. All records are the property of the ASC and may not be released without court order, subpoena, statute, or upon receipt of a signed authorization from a patient permitting the release of information. For admitted patients, all previous records shall be available for use by the attending physician for that encounter. This shall apply whether the patient is attended by the same Physician or another.
- X. Admitting Procedures
  - a. Patients shall be admitted a minimum of one (1) hour prior to the scheduled time of surgery. Exceptions may be made for Pediatric patients or minor treatment room cases.
  - b. A surgical operation shall only be performed on written consent of the patient or the patient's legal representative, which may include, but is not limited to, a parent or legally appointed guardian.
  - c. Prior to the scheduled procedure or treatment, the patient will sign consent form(s), which verify that he/she understands the procedure and the risks involved. PSSC shall furnish such forms.
  - d. The consent form shall be completed prior to the procedure and treatment. The Practitioner or his/her designee shall be responsible for obtaining the patient's signature, properly witnessing execution of the form, and placing the form in the patient's chart.
- XI. All surgical specimens, except those exempted by PSSC's policy(ies), removed at operation shall be sent to the pathologist, who shall make such examination as considered necessary to arrive at a diagnosis. The pathologist shall document the written report in the patient's medical record.
- XII. Patients shall be discharged only on written order of the attending physician or the attending physician's delegate. At the time of discharge, the attending physician or his/her delegate shall confirm the record is complete, shall state a final diagnosis, and shall sign the record. All patients must be discharged in the company of a responsible adult and/or in accordance with PSSC policy(ies). A physician shall be available to the PSSC during the period any patient is present in the PSSC.
- XIII. Members of the Medical Staff shall exercise prudence and reasonable judgment in the selection of procedures and patients appropriate for the outpatient facility. All outpatient surgical procedures offered by PSSC shall be approved by the Medical Executive Committee and the Governing Board. The Medical Director may give tentative or conditional approval for an unlisted procedure only until the next scheduled meeting of the Medical Executive Committee.

- XIV. Patients may be treated by physicians who have been appointed to the Medical Staff of PSSC by the Medical Executive Committee and the Governing Board of PSSC, as well as have privileges at a local hospital. If the patient's physician would be detained or unable to perform the scheduled procedure, the patient is given the option to have their care transferred to a duly qualified physician who is a Member of Medical Staff and/or holds Clinical Privileges at PSSC.
- XV. All podiatry and dental procedures shall be performed in conjunction with regulations set forth by PSSC and the Medical Executive Committee. An adequate history and physical shall be performed by a Physician for each podiatry and dental patient prior to surgery in compliance with applicable Medical Records Completion policy(ies).
- XVI. Surgeons must be in the operating room and be ready to commence the operation at the time scheduled. No case shall be held longer than thirty (30) minutes after the scheduled time. In such an event, the case will be rescheduled.
- XVII. PSSC personnel and Medical Staff shall follow all PSSC policies and procedures related to medical record documentation.
- XVIII. Narcotics, sedatives, antibiotics, and anticoagulant drugs are ordered for the day of admission only.
- XIX. Only a Practitioner with Clinical Privileges, as applicable, shall administer intravenous anesthetic agents.

**Record of Document Revisions**

Date	Article/Section Modified
January _____, 2026	Amended and Restated

**ADOPTED BY THE MEDICAL STAFF:**

By: \_\_\_\_\_  
President of the Medical Staff

Date: \_\_\_\_\_

**APPROVED BY THE BOARD OF DIRECTORS:**

By: \_\_\_\_\_  
Chairperson

Date: \_\_\_\_\_