**Section 210.1800 Approval of Protocols for the Admission of Postsurgical Patients**

a) An admission protocol specifying the criteria for admitting a postsurgical patient to the Model shall be included in the application as provided in Section 210.1200. The admission protocol must address at least the following:

1) All patients shall be admitted to the Model by a member of the medical staff with admitting privileges, and shall be under the professional care of a member of the medical staff.

2) Criteria for admission that include limiting services provided as follows:

A) the patient must have been discharged from the post anesthesia care unit or recovery room of the ASTC or hospital where the procedure was performed. The patient may not be directly admitted to the Model from the operating room;

B) patients must be three years of age or older;

C) patients with an active, acute or chronic infectious condition shall not be eligible for admission;

D) patients must fall within anesthesia class I or II or fall within anethesia class III with only mild to moderate systematic disease but medically stable;

E) patients must require a postoperative overnight stay;

F) patients will require a stay of not more than 48 hours (may be extended to 72 hours when the necessity of the extension is documented by the treating physician and approved by the Medical Director);

G) the level of care needed by the patient is consistent with the definition of a Postsurgical Recovery Care Center Model, and hospitalization is not required;

H) the patient is physiologically stable at the time of admission and has experienced no intraoperative or postoperative complications that would cause the patient to be ineligible for admission based on the Act and this Part; and

I) the patient does not require the administration of blood.

3) The types of surgical procedures performed in ambulatory surgical treatment centers or hospitals which the Postsurgical Recovery Care Center Model intends to admit, including documentation that the expected postoperative stay is less than 48 hours and the postoperative complication rate is minimal.

4) At the time of admission the patient's medical record must include:

A) a current history and physical examination conducted or approved by members of the medical staff;

B) patient diagnosis:

C) a discharge summary from the referring facility or physician, including the surgical procedure performed, the type of anesthesia used, medications given, recovery events and any other pertinent information regarding the patient's status;

D) physician orders;

E) documentation concerning advance directives; and

F) any other underlying medical condition that could be relevant to the patient's care.

b) The admission protocol and any subsequent revisions shall be approved by the applicant's consulting committee prior to submission to the Department, and documentation of the approval must be submitted with the request for the Department's approval.

c) The initial and any revised admission protocols may not be put into effect without prior approval of the Department as provided in this Section.

d) The Department shall review all admission protocols submitted with the application, renewal application and any separate submission under this Section to assure that the admission protocol provides for the admission of only postsurgical patients who can safely be cared for outside of a licensed acute care hospital. The Department will disapprove any admission protocol that allows an admission that would be life threatening in nature or that does not meet the requirements set forth in Section 210.1800(a).

e) Upon receipt of the information from the Model, the Department will either approve the admission protocol, or disapprove the admission protocol as provided under subsection (d) of this Section. The Department will seek the recommendations of medical specialty and other professional consultants concerning the safety of specific admission protocols when it determines that such consultation is necessary. The Department will also consider any additional information submitted by medical specialists and other professionals and by medical specialty and other professional societies in making these determinations.