

ANESTHESIA POLICY & PROCEDURE MANUAL

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Policy # 2101

IVF Michigan

SUBJECT: SCOPE OF SERVICES ANESTHESIA

PURPOSE:

To describe the scope of services the anesthesia department provides

POLICY:

The department of anesthesia at IVF Michigan provides anesthesia services including general, moderate sedation, MAC, TIVA, spinal, regional and conscious sedation.

Anesthesia services are available to outpatients regardless of age, sex, race or financial class on an elective basis, Monday thru Friday.

The department of Anesthesia is directed by a Board-Certified Anesthesiologist and staffed by qualified physicians and Certified Registered Nurse Anesthetists.

PROCEDURE:

Policies and procedures are formulated by using information and data obtained from the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, as well as information submitted by anesthesiologists and CRNA's to allow for the formulation of policies appropriate to the resources and needs of American Surgical Centers. All policies are reviewed and approved by the Director of Anesthesia and are subject to medical staff approval where applicable.

Policy # 2102

IVF Michigan

SUBJECT: ORGANIZATION OF THE MEDICAL STAFF SUBSECTION: ANESTHESIA

PURPOSE:

To outline the organization and responsibilities of the Department of Anesthesia

POLICY:

The Department of Anesthesia is an integral part of IVF Michigan.

Anesthesia services are provided by a group of qualified (board-certified or by establishing comparable competence through the credentialing process) physicians and CRNA'S especially trained in anesthesia. A Physician Anesthesiologist is appointed as the Director of Anesthesia Services and all Anesthesia Staff will answer to that person.

General, induction, regional, conscious sedation, local anesthesia with standby and local anesthesia will be provided during regular business hours of the ASC.

Each member of the Department of Anesthesia is responsible for the completion of all duties required or assigned by Rochester Anesthesia Services, PC or the medical staff in providing anesthesia supportive care.

PROCEDURE:

NA

Policy # 2103

IVF Michigan

SUBJECT: ANESTHESIA RULES AND REGULATIONS

PURPOSE:

To provide rule and regulation for the department of anesthesia.

POLICY:

ORGANIZATION OF THE DEPARTMENT:

The department of anesthesia is an integral part of IVF Michigan. Anesthesia services are provided by a group of qualified licensed physicians specially trained in anesthesiology and CRNA'S for all general, regional and local procedures on a seven-day per week basis.

DIRECTOR OF DEPARTMENT:

Must be a member of the active medical staff.

Must be licensed qualified physician who has successfully completed in approved anesthesiology program from the American Board of Anesthesiology and accepted by the state of licensure of the facility.

RESPONSIBILITIES / DUTIES:

The Director of Anesthesia has responsibility for, but is not necessarily limited to:

- Serving as Chairperson of the Department of Anesthesia.
- Responsible to the Department of Anesthesia.
- Ensuring that anesthetic services are provided by CRNA'S or qualified licensed physicians who have been trained in the specialty of anesthesiology.
- Ongoing monitoring of the quality of anesthesia rendered by all anesthetists in the American Surgical Centers during monthly meetings.
- Monthly review and evaluation of anesthesia services according to pre-established criteria, the quality and appropriateness of anesthesia care both pre and postoperatively as well as the safety regulations for the department. Findings will be incorporated into the American Surgical Centers performance improvement system.
- Reviewing the log of all cases requiring anesthesia, ensuring documentation of date and occurrence time in the recovery room memo.
- The inspection and evaluation of anesthetic equipment on a daily basis to provide a safe anesthetic environment and assist in updating the anesthesia equipment, to be current with standards of the medical community.
- Acts as a consultant in all measures concerning anesthesia services and participate on a regular basis as instructor in the program for continuing education.
- These duties may be delegated to active staff anesthesiologists at the discretion and/or in the absence of the Director of Anesthesia.

Policy # 2104

IVF Michigan

SUBJECT: DUTIES AND RESPONSIBILITIES OF CHIEF ANESTHESIOLOGIST

PURPOSE:

To outline qualifications and duties for the Physician acting as the Chief of Anesthesiology.

POLICY:

The Director of Anesthesia will have the following qualifications:

- Member of the active medical staff.
- Licensed qualified physician who has successfully completed an anesthesiology program approved by the American Board of Anesthesiology and accepted by the state of licensure of the American Surgical Centers or a CRNA if there is no licensed physician on staff qualified in anesthesiology.

The duties of the Director of Anesthesiology will include, but not be limited to, the following:

- Serving as Chairperson of the Department of Anesthesia.
- Establishing, together with the medical staff and administration, the type and scope of services required to meet the needs of the patients and the American Surgical Centers.
- Developing and implementing policies and procedures which guide and support the provisions of services in the department.
- Recommending to the medical staff the criteria for clinical privileges in the Department of Anesthesia.
- Recommending clinical privileges for each Department of Anesthesia member.
- Continuing surveillance of professional performance of all individuals with clinical privileges in the Department of Anesthesia.
- Assessing and improving the quality of care and services provided in the department
- Supervising all clinically related activities of the Department of Anesthesia.
- Providing all administratively related activities of the Department of Anesthesia, unless otherwise provided for by the facility.
- Coordinating and integrating of interdepartmental services.
- Developing and implementing policies and procedures which guide and support the provision of services.
- Recommending a sufficient number of qualified and competent persons to provide care/service.
- Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department of Anesthesia.
- Determining the qualifications and competence of Department of Anesthesia personnel, who are not licensed independent practitioners and who provide patient care
- Continuing assessment and improvement of the quality of care provided.
- Maintaining quality control programs, as appropriate.
- Providing orientation and continuing education of all persons in the Department of Anesthesia.
- Making recommendations for space and other resources needed by the Department of Anesthesia.
- Assessing and recommending to the American Surgical Centers any off-site resources for needed patient care services which are not provided by the Department of Anesthesia or the organization.
- The Director of Anesthesia will fulfill the duties and qualifications of the position.

PROCEDURE:

NA

Policy # 2105

IVF Michigan

SUBJECT: AREAS FOR ANESTHESIA ADMINISTRATION

PURPOSE:

To delineate the areas in the facility where anesthesia may be administered and the responsibility of the anesthetists in the administration of anesthesia.

POLICY:

General anesthesia shall be administered only in the operating room area.

The anesthetist shall be able to perform all services required to make the patient insensible to pain during the performance of pain producing procedures and to relieve the pain associated with medical syndromes including, but not limited to:

- Support of life functions including induction of anesthesia and intubation.
- Appropriate pre-anesthesia and post-anesthesia management of the patient.

Any procedures to be done with anesthesia standby (cardioversion, pacemaker insertions) will be performed in the operating room.

RESPONSIBLE PERSONS:

The anesthesia personnel are responsible for determining the type of anesthesia to be administered and for performing appropriate anesthesia activities necessary to obtain the type of anesthesia a particular situation requires.

Policy # 2106

IVF Michigan

SUBJECT: ADMINISTRATION OF ANESTHESIA

PURPOSE:

To provide guidelines for any administration of anesthesia at IVF Michigan.

DEFINITION:

Anesthetist: One who administers anesthetics; may be an anesthesiologist or specially trained registered nurse.

POLICY:

These guidelines apply for any administration of anesthesia involving anesthetists of IVF Michigan and are specifically referable to preplanned anesthetics administered in a designated anesthetizing location. In emergency circumstances in any location, immediate life support measures come first with attention turning to measures described in these standards as soon as possible and practical. These are minimal standards that may be exceeded at any time, based on the judgment of the involved anesthetist. These standards encourage high-quality patient care but observing them cannot guarantee any specific patient outcome. These standards are subject to review/revision annually.

An anesthesiologist or CRNA must be present at induction of each anesthetic. For all anesthetics initiated by or involving a member of the Anesthesia Department, an attending anesthetist shall be present in the room throughout the administration of all general anesthesia, regional anesthesia and monitored intravenous anesthesia. An exception is made when there is a direct known hazard (i.e. radiation) to the anesthetist, in which case some provision for monitoring the patient must be made.

PROCEDURE:

Each patient receiving general anesthesia, regional anesthesia or monitored intravenous anesthesia shall have the following:

- Blood pressure and heart rate measured at least every five minutes, except when not clinically practical.
- Electrocardiogram (EKG) continuously displayed from the induction or institution of anesthesia until preparing to leave the anesthetizing location, except when not clinically practical.
- Continuous pulse oximetry monitoring, except where circumstances pose difficult to use.
- Continuous monitoring of End Tidal Carbon Dioxide

During every administration of general anesthesia each patient (except those undergoing certain brief relatively noninvasive procedures, such as cardioversion and electroconvulsive therapy) shall have the following:

The use of in-circuit oxygen analyzers and/or infrared or mass spectrometry with a low concentration limit alarm for the purpose of continuous monitoring of inspired oxygen concentration.

The monitoring of end-tidal carbon dioxide with functioning low- and high-level audible alarm.

A continuous temperature readout beginning prior to or immediately after the anesthesia induction in all intubated patients, infants, and children except when the surgical procedure or other circumstances pose difficult. For all other patients, there must be a readily available means to measure the patient's temperature.

When ventilation is controlled by automatic ventilator, there shall be in continuous use a device that is capable of detecting disconnection of any component of the breathing system. The device must give audible low-pressure alarm.

Color coded labels will be used for drug containing syringes. Either the use of color coding of the corrugated anesthesia gas tubing and its specific attachment area or the use of the system of size indexing of the same tubing will be used; this includes all ventilator and anesthesia gas evacuation tubing as well.

Policy # 2107

IVF Michigan

SUBJECT: ANESTHESIA RESPONSIBILITIES FOR OUTPATIENT PROCEDURES

PURPOSE:

To establish the responsibility of anesthesia personnel caring for patients in the Outpatient Surgery Department.

POLICY:

All patients receiving general anesthesia, sedation anesthesia or local anesthesia with standby will be seen pre-operatively by an anesthetist. A pre-anesthesia assessment, plan of anesthesia and the discussion with the patient and family/guardian regarding anesthesia options and risks shall be documented in the medical record.

Post-operative recovery will be done in the Post Anesthesia Care Unit (PACU).

Post-operative visits must be made before the patient is discharged from the PACU and the facility care. The patient's status must meet discharge criteria prior to discharge from the facility. The patient may be discharged from the facility by the anesthesiologist or surgeon's decision or by medical staff approved discharge criteria.

Documentation of the pre-operative and post-operative anesthesia visit must be done on the anesthesia record by the attending anesthetist before the patient can be discharged.

The anesthesia personnel must be available to see the patient, if there are any post-operative anesthesia complications in the PACU.

RESPONSIBLE PERSONS:

Anesthesia personnel are responsible for all pre-operative and post-operative care given to patients as related to anesthesia.

The PACU nurse and the surgical nurse are responsible for informing the anesthetist of any untoward effects that the patient may have during the post-operative period.

Policy # 2108

IVF Michigan

SUBJECT: ANESTHESIA WORKPLACE

PURPOSE:

To provide guidelines for the anesthesia workplace at ASC facilities.

POLICY:

There shall be in each anesthetizing location sufficient outlets to satisfy anesthesia machine and monitoring equipment requirements, including clearly labeled outlets connected to the emergency power supply.

No flammable anesthetic agents will be used in the facility.

Inhalation agents will be added to permanently labeled vaporizers only by anesthesia personnel.

Suction apparatus will be at each anesthetizing location.

The workplace will be in accordance with the recommendations of the National Institute of Occupational Safety and Health for exhaust of anesthesia waste gases from anesthetizing locations. The facility will make available the necessary equipment for scavenging of anesthesia waste gases from the anesthesia gas machines and from ventilators in anesthetizing locations.

There shall be in each location a source of oxygen, meeting applicable codes, in addition, oxygen shall be available in at least one anesthesia machine cylinder and at least one other cylinder shall be readily available.

There shall be in each location an anesthesia machine and other anesthesia drugs, supplies and equipment equivalent to that employed in an operating room and maintained to current operating standards by the facility.

ASC will make available adequate monitoring equipment to allow adherence to divisional guidelines adapted within this document.

There shall be in each anesthetizing location adequate illumination of the patient, an anesthesia machine and monitoring equipment at all times during administration of the anesthetic. Some form of battery-powered illumination must be immediately available.

Each location shall have sufficient room to allow continuous access to the patient, anesthesia machine and monitoring equipment.

An emergency cart with defibrillator, emergency drugs and other resuscitation equipment shall be readily available.

An attending anesthetist shall be readily available at all times for each location.

A reliable means of two-way communication for summoning help must be immediately available at each anesthetizing location at all times.

PROCEDURE:

Policy # 2109

IVF Michigan

SUBJECT: ASA CLASSIFICATION SYSTEM

PURPOSE:

To outline the ASA classification system used by the anesthesia department.

POLICY:

The ASA classifications are as follows:

Class I – normal, healthy patient.

Class II – patient with mild systemic disease.

Class III – patient with severe systemic disease that limits activity, but that is not incapacitating.

Class IV – patient with incapacitating systemic disease that is a threat to life.

Class V – a moribund patient not expected to survive surgical intervention.

Class VI – donor patient with documented brain death.

The anesthesiologist is responsible for determining the ASA classification of all patients receiving anesthesia and documenting this information.

PROCEDURE:

NA

Policy # 2110

IVF Michigan

SUBJECT: AMBULATORY SURGERY PREOPERATIVE ASSESSMENT CRITERIA

OBJECTIVE: To determine whether patients are appropriate candidates for surgery at an outpatient facility.

GUIDELINES: There are no set specific written standards as to which patients are or are not appropriate to treat at a specific facility. Several factors should be considered including: the patient's medical history, the planned surgical procedure, and the patient's anesthetic history. In addition, the equipment, personnel, and emergency facilities available should be considered

1. **Patient's Medical History.** Certain conditions put the patient at high risk for perioperative complications (see Table 1). In general, these patients should not be treated at an outpatient facility.
2. **Planned Surgical Procedure.** Procedures that carry high risk of perioperative complications, or significant blood loss should not be attempted. This should be correlated to the facilities ability to treat complications (i.e., the availability of blood products, training of personal, availability of intensivists, location of emergency facilities).
3. **The Patient's Anesthetic History.** This would include patients with a known or suspected history of malignant hyperthermia, or patients with a history of prolonged intubation of unknown etiology, or history of unable to intubate.
4. **Facility Limitations.** Consider location of closest ER, availability of blood products, emergency equipment onsite, and ability for invasive monitoring.

Table 1.

CARDIAC	Recent MI (3 months)	Decompensated CHF
	Unstable Angina	Malignant Arrhythmias
	Severe Valvular Disease (AS)	Sev Cardiomyopathy
	Uncontrolled Hypertension	AICD
HEMATOLOGY	Sickle cell anemia	
RESPIRATORY	Acute infections	Sev. Bronchospastic Dz / COPD‡
		Oxygen dependent
NEUROLOGY	Active TIA's, CVA in last 3 mo	Active MS
BODY HABITUS	Morbid Obesity £	
AIRWAY	History of difficult intubation	Severe RA
ENDOCRINE	End Stage Renal Dz (Dialysis)	Uncontrolled IDDM
METABOLIC	Malignant Hyperthermia	

Additional Considerations:

1. Patients who have a BMI > 35 (see below). These patients' present increased risks including sleep apnea, difficult intubation, difficult ventilation, and an increased risk of co-existing disease such as diabetes and heart disease.
2. Patients who are short of breath at rest, and/or are oxygen dependent are not appropriate candidates for outpatient surgery.

3. All patients will be contacted by IVF MI office staff and be given a Pre-Operative Questionnaire. If the patients answer YES to any of the questions, they are not a candidate for outpatient surgery and must be scheduled at a hospital. (See (1.) above for patients with a BMI > 35).

Regarding Patients who have a BMI>35 can have their procedure done at the center as long as the following criteria are met:

1. The surgeon in consultation with the Chief of Anesthesia feel it is safe to do so
2. A H&P, medical and Cardiac Clearance are obtained and reviewed by the COA in advance of the DOS. Copies to be sent to the cycling office, and OR nurses' email
3. That the procedure can safely be done under Conscious Sedation (Hysteroscopy and Egg Retrievals with Conscious Sedation and Paracervical Block).
4. The surgeon will notify the patient in advance of the DOS that they will feel some discomfort and have awareness during the surgery. The patient must agree and fully consent prior to the procedure.

PRE-OPERATIVE QUESTIONNAIRE FOR PHYSICIAN OFFICES

If the patients answer yes to any of the following questions, they must be scheduled at the hospital for their procedure. If you have any questions, please contact _____ at (555) 555-5555

Y	N	
		Have you had a heart attack or stroke in the past three (3) months?
		Do you have an AICD (Automated Internal Cardiac Defibrillator)
		Do you have a lung disorder that requires the use of oxygen at home?
		Are you on dialysis for kidney failure?
		Have you been diagnosed with Congestive Heart Failure in the past three months?
		Do you weigh over 350 pounds?
		Have you or anyone in your family have a condition known as Malignant Hyperthermia?
		With previous surgery, were you told you had a difficult airway or were "unable to intubate"?

PRE-OPERATIVE DOCUMENTS REQUIRED FOR IVF PHYSICIAN OFFICES

1. H&P no more than 30 days old
2. EKG less than 1 year old
3. Copy of Echocardiogram or stress test done in last 5 years if patient has a serious cardiac condition (e.g., stents, CABG, CAD, valvular disease, or cardiomyopathy)
4. All info must be forwarded to _____ at least 1 week prior to the scheduled procedure

Policy # 2111

IVF Michigan

SUBJECT: PREANESTHESIA ASSESSMENT

POLICY:

The attending anesthesiologist will perform a pre-anesthesia assessment of each patient prior to ordering preoperative medication or administering anesthetics.

PROCEDURE:

The evaluation shall include a review of the patient's chart and an interview with the patient for pertinent information relative to the anticipated procedure and the type of anesthesia to be used. The patient's previous and present drug history, other anesthesia experiences, any other pertinent medical or family history that will affect the choice of anesthesia, patient physical status assessment (i.e., standards listed by the American Society of Anesthesiologists.), results of anesthesia options and risks will also be documented on the pre-anesthesia evaluation.

The entry on the pre-anesthesia record will designate the type of anesthesia that is anticipated.

The individual anesthesiologist is responsible for evaluating the patient preoperatively and documenting this evaluation on the appropriate form

Policy # 2112

IVF Michigan

SUBJECT: ASSESSMENT PRIOR TO INDUCTION

PURPOSE:

The purpose of this policy is to provide optimum patient care through a comprehensive pre-anesthesia evaluation, ensuring that the patient is hemodynamically stable to receive administration of anesthetic agents.

POLICY:

It is the policy of the Department of Anesthesia to assess all patients prior to the delivery of anesthetic agents. All patients will have a pre-anesthesia evaluation prior to a surgical and/or invasive procedure in those instances where anesthesia services are requested.

PROCEDURE:

The patient will be evaluated by the anesthesiologist prior to provision of anesthesia services, with the results of the evaluation documented on the pre-anesthesia evaluation record.

All patients requiring anesthetic agents will be evaluated immediately prior to induction.

BP, P, RR, T are assessed prior to induction.

It is understood that the term "immediately prior to induction" identifies that time period within one (1) hour prior to provision of anesthetic agents.

If an evaluation is performed by one anesthesiologist, but anesthesia will be administered by another anesthesiologist, a re-evaluation is required by the anesthesiologist providing anesthesia to the patient.

Any evaluation performed more than one (1) hour prior to the provision of anesthesia to the patient, requires a re-evaluation immediately prior to induction.

Documentation of above noted evaluation/re-evaluations is required by the anesthesiologist providing anesthesia services. A note will be made on the preanesthetic evaluation record or on the anesthesia record.

Policy # 2113

IVF Michigan

SUBJECT: INTRAOPERATIVE ANESTHESIA CARE

PURPOSE:

The following are the principal requirements for intra-operative anesthesia care. However, care is not limited to these requirements.

POLICY AND PROCEDURE:

A careful and thorough check of all equipment and supplies will be done by the anesthetist prior to use on each case.

Laryngoscopes, masks and all other reusable anesthesia equipment, in direct contact with the patient, will be checked for cleanliness prior to use.

Each patient will be re-evaluated immediately prior to induction of anesthesia.

Proper and adequate use of monitoring equipment, including oxygen analyzer, EKG monitor, blood pressure monitor and pulse oximeter will be documented for each patient receiving anesthesia. Also available for use when appropriate and precordial stethoscope, esophageal stethoscope, temperature probe and end tidal carbon dioxide monitor.

Pneumatic tourniquet will be used properly with accurate documentation of tourniquet times.

When the insufflator is used during laparoscopy procedures, inflation and deflation times will be recorded.

Accurate and careful recording of the physiological status of the patient and the main events which occur during anesthesia shall be documented in the patient's medical record.

Accurate charting and monitoring of fluids, blood transfusions, urinary output and estimated blood loss shall be made in patient's medical record.

Careful evaluation and supervision of the patient's position on the operating table shall be noted.

Intra-operative anesthesia incidents will be documented and reviewed by the Department of Anesthesia on a monthly basis.

Documentation of drug and agents used shall be done.

The attending anesthetist will perform and document all appropriate intraoperative anesthesia care.

Policy # 2114

IVF Michigan

SUBJECT: POSTOPERATIVE ANESTHESIA CARE

PURPOSE:

To outline anesthesia care and responsibilities for the postoperative patient.

POLICY AND PROCEDURE:

The patient will be transferred from the operating room at the completion of the procedure when the anesthetist feels that the patient is stable.

The patient will be accompanied to the PACU or SICU by the anesthetist and the OR circulating RN.

The anesthetist will remain with the patient as long as necessary to ensure the patient's safety and post-procedure status is assessed on admission to PACU.

A full report will be given to the PACU nurse receiving the patient, including:

- Patient's condition:
- Type of surgery
- Blood loss and urinary output
- Replacement of fluids – type and amount of each type
- Intraoperative vital signs
- Level of consciousness
- Instructions, written and verbal, regarding further medications required
- Oxygen needs of the patient
- Monitoring needs of patient

The anesthesiologist will document in the medical record the discharge of the patient from the PACU, when the patient's condition is stable, and the patient meets the PACU discharge criteria (Aldrete Scoring System).

At least one postanesthetic visit will be recorded, describing the presence or absence of anesthesia related complications:

The number of visits will be determined by the nature of the procedure, the anesthesia and the patient's condition. A visit shall be made early in the postoperative period and again after complete recovery from anesthesia.

Each post-anesthesia visit will be documented on the post-anesthesia evaluation form or the progress notes. The date and time of each visit will be specified.

When the post-anesthesia visit and documentation cannot be completed by the attending anesthetist because of early patient discharge, the attending physician who discharges the patient will be responsible for meeting the same requirements.

The attending anesthetist is responsible for post-anesthesia care of all patients who have received anesthesia (general, spinal, local anesthesia with standby). This includes documentation of all post-anesthesia visits.

Policy # 2115

IVF Michigan

SUBJECT: ANESTHESIA PAIN ASSESSMENT SCALE

POLICY:

The Mankoski Pain Scale of 0 to 10 can be used for adults to describe the subjective experience of pain on admission to evaluate pain history.

PROCEDURE:

0	Pain free.	No medication needed.
1	Very minor annoyance – occasional twinges	No medication needed.
2	Minor annoyance – occasional strong twinges.	No medication needed.
3	Annoying enough to be distracting.	Mild painkillers are effective
4	Can be ignored if involved in work or activities, but still distracting	Mild painkillers relieve pain for 3-4 Hr.
5	Can't be ignored for more than 30 minutes.	Mild painkillers reduce pain for 3-4 Hr.
6	Can't be ignored for any length of time, but you can still work or participate in activities.	Strong painkillers (codeine, Vicodin) Reduce pain for 3-4 Hr.
7	Makes it difficult to concentrate, interferes with sleep. You can still function with effort.	Stronger painkillers are only partially Strongest painkillers relieve pain. (morphine)
8	Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain.	Strong painkillers are minimally effective Pain reduced for 3-4 Hr.
	Unable to speak. Crying out or moaning. Near delirium.	Strongest painkillers are only partially effective.
10	Unconscious. Pain makes you pass out.	Strongest painkillers are only partially effective.

Policy # 2116

IVF Michigan

SUBJECT: ANESTHESIA - EMERGENCY CRASH CART SECURITY AND ACCOUNTABILITY

POLICY:

IVF Michigan nursing personnel shall visually inspect the emergency crash cart every shift.

Refer to ASC Policy #1203 Emergency Crash Carts for complete procedure.

A lock shall be maintained on the emergency crash cart at all times. Any discrepancy, broken or missing lock shall be reported to the nurse manager.

RESPONSIBLE PERSONS:

IVF Michigan nursing personnel are responsible for maintaining and checking emergency crash carts.

Policy # 2117

IVF Michigan

SUBJECT: PATIENT DEFIBRILLATION

PURPOSE:

To outline the proper method for defibrillation of a patient. Defibrillation is the use of an electrical discharge of direct current to a patient's chest wall for the purpose of terminating ventricular fibrillation or ventricular tachycardia.

PROCEDURE:

The following equipment will be obtained and readied:

An AED or Biphasic Defibrillator

All registered nurses must understand the operation of the defibrillator prior to its use.

The Nurse Manager is responsible for the education of all new personnel.

In the event of a cardiac arrest, a physician will be present to coordinate the resuscitation and the need for defibrillation will be determined. If no physician is available, only ACLS trained and certified nurses may defibrillate.

Policy # 2118

IVF Michigan

SUBJECT: ANESTHESIA - MANAGEMENT OF PATIENT WITH MALIGNANT HYPERTHERMIA

PURPOSE:

To provide guidelines for the management of the patient with malignant hyperthermia.

POLICY:

The following procedures should be followed in managing a patient with malignant hyperthermia.

DEFINITION:

Patients experiencing malignant hyperthermia may exhibit a number of different symptoms, including, but not limited to, unexplained muscle rigidity, unexplained tachycardia or cardiac dysrhythmia, change in skin color from flush to mottling to cyanosis and tachypnea. A later symptom is fever, with temperatures elevating rapidly, as much as 1.8 degrees F (1 degree C) every three (3) minutes, creating temperatures as high as 114 degrees F (45.5 degrees C). This may constitute an emergent situation.

Malignant hyperthermia is triggered in suspicious patients by general anesthetics, isoflurane, desflurane, sevoflurane and the muscle relaxant, succinylcholine.

PROCEDURE:

If **malignant hyperthermia** is suspected, the following steps should be taken:

Stop all anesthesia once the diagnosis of malignant hyperthermia is made.

Change all rubber devices on the anesthesia machine. Anesthetic agents are absorbed into the rubber and will exude these agents, providing continuous trigger mechanism to compound management difficulties.

Hyperventilate with 100% oxygen in an attempt to meet the requirements of the body during the crisis period.

Administer Dantrium (dantrolene sodium) IV as soon as possible. The recommended dosage is from 1-10 mg/kg of body weight. As a large quantity may be necessary, a sufficient supply must be available. Additional vials will be obtained from an outside pharmacy source, if needed.

Do not treat the dysrhythmias with a calcium channel blocker. Treat dysrhythmias with procainamide (Pronestyl). The recommended loading dose is 15 mg/kg IV. Procainamide can be used until the syndrome stops and there is an improvement in blood gases and temperature.

Cooling the patient is of vital importance. To reduce body temperature:

Infusion of iced saline solutions as fast as one liter/10 minutes for 30 minutes may be required. This results in kidney diuresis and temperature reduction. **Do not use lactated Ringers solution.**

Surface cooling, utilizing automatic cooling blankets and/or ice packs to the neck, groin, and axilla.

Lavage of the stomach, bladder, and rectum if possible, using large quantities of cold saline. If fever occurs in the operating room while peritoneal or thoracic cavity is open, cold solution can be introduced into the body.

Prepare patient for immediate transfer to inpatient status. Refer to Policy #1209.

Contact the Malignant Hyperthermia Association of the United States (MHAUS) emergency hotline at 800-644-9737 for expert help.

Insert a bladder catheter (3-way) to monitor urinary output and renal function. Maintaining fluid balance is critical, as cardiac and renal malfunctions are constant threats. Mannitol and Lasix are recommended to ensure diuresis and to protect the kidneys.

Administration of 50% Dextrose and 10 Units regular insulin may be ordered to provide glucose for metabolism and reduce hyperkalemia by driving potassium back into the cells.

Administration of calcium chloride may be ordered to treat hyperkalemia.

ASC surgical personnel and PACU staff should be aware of the following:

Malignant hyperthermia, although rare, does exist and prompt recognition and intervention are crucial. Dantrium should be kept on the Malignant Hyperthermia cart. Large quantities of sterile water for reconstitution should be kept near the Dantrium in the refrigerator. Other necessary drugs should be found in the crash cart and the Malignant Hyperthermia Cart.

Malignant Hyperthermia protocol should be posted in the surgical area and the MHAUS Hotline number located on phone in PACU.

Policy # 2119

IVF Michigan

SUBJECT: ANESTHESIA EMERGENCY EQUIPMENT IN THE PACU

PURPOSE:

To describe the emergency equipment available in the PACU for anesthesia personnel.

POLICY:

Each bedside unit in PACU will have the following equipment available:

- Electrical outlet
- Wall suction outlets or portable suction machine with regulator
- Suction canisters, tubing, tips and catheters
- Oxygen with tubing, masks, cannulas
- Oral airways
- Tongue depressors
- Cardiac monitor
- Blood pressure monitor and pulse oximeter

An emergency crash cart containing drugs, ambu bag and intubation supplies should be located in PACU at all times.

A defibrillator or AED shall be kept on top of the emergency crash cart.

Additional emergency drugs, IV equipment and solutions should also be available in the PACU.

RESPONSIBLE PERSONS:

PACU personnel are responsible for the maintenance and inventory of the emergency equipment.

Policy # 2120

IVF Michigan

SUBJECT: LEGIBILITY OF MEDICAL RECORD DOCUMENTATION

POLICY:

It is the policy of this facility to set legibility standards for medical record documentation and to monitor compliance with these standards as part of our performance improvement and medical error reduction activities.

This policy is applicable to all documentation within the medical record.

PROCEDURE:

Whenever possible, all consults, histories and physicals, interpretations of diagnostic testing, and postoperative/procedure results shall be dictated.

Only abbreviations listed in the organization's list of approved abbreviations will be allowed for use in medical record documentation.

Medication orders:

Should include a brief notation of purpose.

All prescription orders are to be written in the metric system.

"Units" should be spelled out.

The order must include drug name, exact metric weight or concentration, and dosage form.

A leading zero must precede a decimal expression of less than one.

A terminal zero is not to be used after a decimal.

Prescribers are to avoid the use of abbreviations for drug names and Latin directions for use.

The age and weight of the patient (especially geriatric and pediatric patients) should be included where appropriate.

If a healthcare professional writes an order that is not legible, the order must be clarified with the healthcare professional prior to implementation.

Clarification of orders will be documented on the order sheet as a "clarification: timed and dated and signed by the healthcare professional receiving the clarification.

Failure to clarify an illegible order will result in employee counseling.

Legibility will be monitored via concurrent and retrospective chart review:

Unresolved legibility issues with physicians and allied healthcare professionals will be forwarded to the Professional Standards Committee.

Unresolved legibility issues with other healthcare professionals will be forwarded to their respective department managers and will be included as part of the annual review process.

Policy # 2121

IVF Michigan

SUBJECT: COMPLETION OF ANESTHESIA RECORD

POLICY:

The Anesthesia Record will be completed by the anesthetist in attendance for all types of anesthesia including general, regional or local anesthesia with standby.

For solely local procedures, an anesthesia record will be completed by the circulating nurse and signed by the surgeon performing the procedure.

The ASC personnel will use the patient's label on the appropriate space on the Anesthesia Record.

If the surgical procedure lasts for an extended period of time, additional sheets may be used and clearly identified as "page 2", "page 3", etc.

The ASC personnel will use a patient label on the Anesthesia Record for all procedures.

The anesthetist in attendance will complete the Anesthesia Record for all procedures in which the patient is involved.

For local anesthesia procedures, the circulating nurse will be responsible for monitoring the patient and completing the Anesthesia Record. The surgeon performing the procedure will sign the Anesthesia Record at the completion of the procedure.

Policy # 2122

IVF Michigan

SUBJECT: CRITERIA FOR NOTIFYING ANESTHESIA OF COMPLICATIONS AND NURSING INSERVICE PROTOCOLS

PURPOSE:

To outline the criteria for notification of the attending anesthetist or surgeon for patients in PACU.

POLICY:

The attending anesthetist or surgeon will be notified of any of the following occurrences:

- Pulse rate of less than 50 or greater than 120 beats per minute
- Any arrhythmia or irregular pulse
- Systolic blood pressure less than 90 mm Hg
- Hypertension 40% higher or lower than surgical blood pressure
- Respirations less than 10 per minute and/or there is difficulty with breathing
- Uncontrolled pain management
- Excessive nausea and/or vomiting

There shall be at least one RN in the PACU/Pre-operative area at all times who is ACLS/BLS Certified.

It is the Nurses responsibility to monitor patients in the recovery room, to document their care and patient status, to manage any complications, and to notify the Surgeon or Anesthetist when indicated.

All Nurses who manage patients in the PACU/Pre-operative area will be in-serviced when hired and receive ongoing certification to insure competency for the following protocols:

1. Managing Hypoxia after anesthesia: Patients arriving in PACU will still be recovering from the affects of anesthesia and must be monitored closely. All anesthetic cause respiratory depression which can result in hypoxia. Standard monitoring should be used which will include pulse oximetry. If a patients' oxygen saturation should fall below 90% the following steps should be taken:
 - a. Administer a chin lift
 - b. Administer oxygen via NC at 3L/min or mask at 10L/min
 - c. If a and b do not improve patient saturation, call the anesthetist or surgeon STAT
 - d. If necessary, Place an oral airway
 - e. If necessary, ventilate the patient with a mask and AMBU bag
 - f. If necessary, suction the airway
 - g. Ask a colleague to bring the following medications and supplies from the emergency cart while you manage the airway: laryngoscope, Endotracheal tube, LMA, oral airway, make sure suction is on and working with tubing and Yankauer attached, Succinylcholine, and Propofol
2. Managing Vaso-Vagal episodes:
 - a. Place patient in Trendelenberg
 - b. Open IV Fluids
 - c. Administer Oxygen at a minimum of 3 liters per minute per Nasal Cannula or mask
 - d. Place 3 lead EKG

- e. Obtain Vital every 3 minutes
- f. Notify the Anesthetist or Surgeon immediately

RESPONSIBLE PERSONS:

PACU personnel are responsible for proper assessment of each patient and notification of the anesthetist or surgeon when necessary.

Policy # 2123

IVF Michigan

SUBJECT: PHYSICIAN VISITS IN PACU ANESTHESIA

PURPOSE:

To outline physician responsibilities in PACU.

POLICY:

The attending anesthetist will accompany each patient to the PACU and will visit the patient in PACU. They will also be available to the PACU nurses for consultation when necessary.

The MDA will discharge each patient, or the patient shall meet medical staff approved discharge criteria, prior to being discharged from the PACU.

Patients undergoing local anesthesia only will be discharged from the PACU by the attending surgeon.

The surgeon will visit the patients in the PACU and will write post-operative orders.

RESPONSIBLE PERSONS:

The attending anesthesiologist and surgeon are responsible for seeing the patient and for writing orders for post-operative care and discharge from the PACU.

Policy # 2124

IVF Michigan

SUBJECT: SEDATION

PURPOSE:

To provide guidelines for patient management of all procedures requiring the use of sedation.

DEFINITION:

Sedation is produced by the administration of pharmacologic agents. The patient under sedation has a depressed level of consciousness but retains the ability to maintain a patent airway independently and continuously, and respond purposefully to physical stimulation and/or command. The following are definitions for the four levels of sedation and anesthesia:

Minimal sedation (anxiolysis):

A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate sedation/analgesia (conscious sedation):

A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by tactile stimulation. No interventions are required to maintain patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep sedation/analgesia:

A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia:

Consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

The parameters of this policy relate to MODERATE and DEEP SEDATION definitions.

POLICY:

Only licensed independent practitioners (physician or CRNA) that are trained in professional standards and techniques to administer pharmacologic agents to predictably achieve desired levels of sedation and to monitor patients carefully in order to maintain them at desired level of sedation, will provide sedation.

A pre-sedation assessment is performed and documented in the medical record for each patient before administering moderate or deep sedation.

The patient will be reevaluated immediately before moderate or deep sedation is administered.

Certified anesthesia personnel will review risks, options and benefits of the selected agents with the patient, or guardian, and document the patient consent on the chart. The anesthetist or nurse must verify the presence of this documentation before administration of the sedative.

A pre-sedation plan of care will be documented by the anesthetist in the patients record prior to administration of sedation.

The certified anesthesia personnel administering moderate to deep sedation must have privileges for clinical administration of this category of drugs:

The person administering moderate sedation must have appropriate privileges and be qualified to rescue patients from deep sedation and must be competent to manage a compromised airway and to provide adequate oxygenation and ventilation.

The anesthetist administering deep sedation must have the appropriate privileges and be qualified to rescue patients from general anesthesia and must be competent to manage an unstable cardiovascular system as well as a compromised airway and inadequate oxygenation and ventilation, including ASLS certification.

Patients requiring moderate and deep sedation and who meet the criteria for patient selection will be monitored by an anesthetist or RN trained in basic EKG/arrhythmia and current BCLS certification. Monitoring will include:

- Physical Assessment
- Blood Pressure
- Heart Rate
- Respirations
- Oxygen Saturation
- Cardiac Monitoring
- Level of Consciousness (sedation scale)
- Skin Color

The patient will be continuously monitored and reassessed and will be documented every 5 minutes until the procedure is completed. Emergency resuscitation equipment will be readily available.

Patient Selection:

Candidates for moderate and deep sedation are those patients who must undergo painful or difficult procedures where cooperation and/or comfort will be difficult or impossible without pharmacologic support. Patients must be screened for potential risk factors for any pharmacologic agents selected. This decision on which agent to use must be based on the goals of sedation, type of procedure and condition and age of the patient. Patients will be screened by the ordering anesthetist for risk factors utilizing the ASA Physical Status Classification. Patients considered appropriate for moderate or deep sedation are ASA Class I and ASA Class II. Patients who fall in ASA class III or Class IV present special problems which may necessitate a consultation by a member of the anesthesia department.

ASA (American Society of Anesthesiology) Physical Status Classification:

- Class I No organic, physiologic, biochemical or psychiatric disturbance. Normal, healthy patient.
- Class II Mid-moderate systemic disturbance; may or may not be related to reason for Surgery. (Examples: hypertension, diabetes)
- Class III Severe systemic disturbance. (Examples: heart disease, poorly controlled Hypertension)
- Class IV Life threatening systemic disturbance. (Examples: congestive heart failure, Persistent angina pectoris)
- Class V Moribund patient. Little chance for survival. Surgery is last resort.
- Class E Patient requires emergency procedure. (Example: appendectomy, D&C for uncontrolled bleeding)

Sedation Scale:

Alert

Occasionally drowsy; easy to arouse
Frequently drowsy; easy to arouse
Asleep; easy to arouse
Somnolent; difficult to arouse

Equipment needed:

Oxygen and nasal cannula
Suction
Emergency crash cart with defibrillator
Cardiac monitor
Pulse oximeter
Blood pressure monitor

Preprocedure Monitoring:

Physical and baseline assessment parameters include, but are not limited to:

Level of consciousness
Anxiety level
Vital signs, include temperature
Skin color and condition
Sensory defects
Current medications and drug allergies
Relevant medical/surgical history including history of substance abuse
Patient perceptions regarding procedure and moderate and deep sedation

IV access is established. Fluid type and rate per anesthesiologist order.
Supplemental oxygen administered as necessary.

Intra-procedural Monitoring:

Patient is continually reassessed throughout procedure.
Vital signs (EKG, oxygen saturation, heart rate, blood pressure) are recorded every 5 minutes. Level of consciousness (Sedation Scale) is recorded every 15 minutes.
Verbal reassurance to patient frequently throughout the procedure.
Untoward reactions or sudden/significant changes in monitoring parameters should be immediately reported to anesthesiologist.

Post-procedure Monitoring and Discharge Criteria:

Documentation of the Aldrete Score will be completed prior to patient discharge. The score must return to the baseline assessment before patient may be released from the procedural area. The range is 10 for complete recovery to 0 in comatose patients. Evidence that the patient has met discharge criteria must be clearly documented in the medical record. Aldrete Scoring is as follows:

Activity:

Muscle activity is assessed by observing the ability of the patient to move his/her extremities spontaneously or on command.

Score:

2 – Able to move all 4 extremities
1 – Able to move 2 extremities
0 – Not able to control any extremity

Respiration:

Respiratory efficiency evaluated in a form that permits accurate and objective assessment without complicated physical tests.

Score:

2 – Able to breathe deeply and cough
1 – Limited respiratory effort (dyspnea or splinting)
0 – No spontaneous respiratory effort

Circulation:

Use changes of arterial blood pressure from pre-anesthetic level.

Score:

- 2 – Systolic arterial pressure between plus or minus 20% or pre-anesthetic level
- 1 – Systolic arterial pressure between plus or minus 20%-50% of pre-anesthetic level
- 0 – Systolic arterial pressure between plus or minus 51% or more of pre-anesthetic level

Consciousness:

Determination of the patient's level of consciousness.

Score:

- 2 – Full alertness seen in patient's ability to answer questions and acknowledge his/her location
- 1 – Aroused when called by name
- 0 – Failure to elicit a response upon auditory stimulation

Physical stimulation should not be considered reliable as even a decerebrated patient might react to it.

Color:

This is an objective sign that is sometimes difficult to recognize; confusion, decreased oxygen saturation noted on monitor.

Score:

- 2 – Normal skin color and appearance
- 1 – Any alteration in skin color; pale, dusky, blotchy, jaundiced, etc.
- 0 – Frank cyanosis

All outpatients who receive sedation for any procedure must be observed and monitored a Minimum of one hour prior to being discharged home. Vital signs are recorded at 15-30 minute intervals.

Discharge Home:

Medical staff approved discharge criteria includes:

Completion of Aldrete Score

Ability to ambulate consistent with baseline assessment

Ability to demonstrate gag reflex

Ability to retain oral fluid, as appropriate to anesthesiologist or surgeon orders

Pain minimal

Ability of patient and home care provider to understand all home care instructions.

Written discharge instructions given to patient/family.

Concurrence with prearrangements for safe transportation including discharge to the care of a responsible adult. Patient may not drive home.

Outcomes from patients undergoing moderate or deep sedation will be collected for measurements and analysis and reported as a component of the organization-wide performance improvement program. Evaluation of patient outcomes will be utilized in an effort to identify opportunities to improve the use of moderate to deep sedation throughout the institution.

Policy # 2125

IVF Michigan

SUBJECT: PATIENT POSITIONING ANESTHESIA

PURPOSE:

To provide guidelines for patient positioning during operative procedures.

DEFINITION:

Proper positioning of the surgical patient is a key factor for the performance of a safe and efficient surgical procedure.

POLICY:

The patient's position shall provide optimum exposure and access to the operative site, shall sustain circulatory and respiratory function, shall not compromise neuromuscular structures and shall afford as much comfort to the patient as possible.

The patient shall be assessed prior to the procedure for the following:

- Age
- Height
- Weight
- Skin condition
- Nutritional status
- Physical limitations
- Neuropathic
- Pre-existing disease and conditions
- Type of procedure

PROCEDURE:

Proper positioning for several different procedures is outlined.

Supine – This is the most common position used. Patients are usually anesthetized in this position and modifications are made after the induction of anesthesia.

- The position of the head shall place the cervical, thoracic and lumbar vertebrae in a straight, horizontal line.
- A pillow may be placed under the small of the back, to prevent strain on the back muscles and ligaments.
- A small pad or pillow placed under the head allows the muscles to relax and prevent neck strain.
- Hips should be parallel.
- Legs are placed parallel and uncrossed to prevent compromised circulation and nerve damage. The legs shall be slightly separated so that the skin surfaces are not in contact.
- The safety strap is placed across the thighs so that the patient is secured, but superficial venous return is not impaired.
- The heels may need to be padded with foam protectors, if the procedure will be extended or the patient's condition warrants it.

Arms are usually placed on arm boards, at less than a 90-degree angle to the body. The palms should be turned upwards to diminish the pressure on the brachial and ulnar nerve. Foam protectors may be used to pad the elbows if necessary. Table pads and arm board pads must be of the same height.

When the head is turned to one side, the bony prominences of the skull and the ears must be padded, to prevent pressure on the nerves or the blood vessels.

The patient's eyes must be protected from pressure and corneal drying or abrasions. The anesthesiologist, when present, cares for the patient's eyes.

Variations of the supine position include Trendelenburg, Reverse Trendelenburg and Fowler's positions. In all variations, the principles remain the same. Bony prominences must be well padded, and circulation must not be impaired.

Lithotomy Position:

With the patient in the supine position, the legs are raised simultaneously and abducted to expose the perineal area. Each leg is raised by grasping the sole of the foot in one hand and supporting the leg near the knee in the other hand. The leg is raised, and the knee is flexed slowly.

The foot is secured in the holder by loops of the sling. One loop of the sling is placed around the sole at the metatarsals and the other loop placed around the ankle. The lower part of the leg shall be free from pressure against the leg holders. Foam padding may be needed to protect areas of the leg or foot from excess pressure.

When using boot stirrups, the entire boot should be padded with the patient's heels fitting snugly in the heel of the boot and the calf should be supported in the leg of the boot. Apply Velcro straps to secure the patient's legs in the stirrups.

The leg stirrups must be level and the height adjusted to the length of the patient's legs. By placing the patient's anterior iliac spine on a line with the leg holder and the buttocks level on a line with the edge of the table pad, a good position can be achieved with minimum effort.

The patient's position must be symmetrical. The perineum is in line with the longitudinal axis of the table. The pelvis is level and the head and trunk are in a straight line.

The arms are placed on the arm boards, using the previous described precautions.

The patient is released from Lithotomy position slowly to allow gradual adjustment to the change. The legs are brought down simultaneously to prevent strain on the lumbosacral muscles.

Prone Position – patient is lying with abdomen on the surface of the operating table.

In preparation for placing the patient in prone position, two (2) chest rolls must be made by rolling two (2) bath blankets lengthwise together to form a firm roll. Two pillows must be available for placement under the patient's feet. The patient will enter the OR supine on a stretcher.

Four (4) people are required to safely place a patient in prone position. The anesthesiologist supports the neck and head. One person stands at the side of the stretcher, with hands at the patient's shoulders and buttocks, to initiate the roll of the patient. A second person stands opposite, at the side of the operating table, with arms extended to support chest and lower abdomen on outstretched arms, as the patient is rolled forward and over. The third person stands at the foot of the stretcher to support and turn the legs. At the completion of the turn, the stretcher is removed.

All movements must be coordinated by the anesthesiologist to ensure maintenance of the airway.

An arm board is provided on each side of the table and the patient's arms are brought down and forward to rest with elbows flexed and hands pronated at either side of the head.

The head is positioned on a foam pillow or doughnut, keeping the neck in alignment with the spinal column. The eyes are protected from the pillow and the drapes.

Chest rolls should extend from the acromioclavicular joint to the iliac crests to allow movement of the chest for respiration.

One or two pillows are placed under the ankles, to prevent pressure on the toes and feet.

The restraint is placed across the thighs to secure the patient and allow unimpaired venous return.

While patient is in prone position, a firm stretcher must be readily available outside of the room in the event of an emergency.

The patient is returned to the supine position by reversing the four-man roll described above.

Lateral Position – the patient is lying on the unaffected side with the operative site exposed.

The patient is induced in the supine position. Three-inch cloth adhesive tape, pillows (2 or 3), a supply of blankets, 1 or 2 towels and a Mayo stand or overhead arm board are also required prior to placing the patient in lateral position.

Four (4) people are required to safely place a patient in lateral position. The anesthesiologist supports the head and neck. One person stands at the shoulders of the operative side, facing the patient's head; this person's arm and hand nearer the patient cross the chest and grasp the patient's shoulder, the other hand is placed under the nearer shoulder. The second person stands at the hips of the operative side, facing the patient's head; this person's arm and hand nearer the patient cross the hips and grasp the patient's opposite buttock; the other hand is placed under the nearer buttock. The third person stands at the foot of the table to turn and support the legs.

At a sign from the anesthesiologist, the first and second persons lift and bring the patient to his/her side at their edge of the operating table, the patient is then placed in the center of the table. A pillow is placed under the patient's head to maintain good alignment of the vertebrae.

One assistant remains at the patient's back to steady and support the torso during the remaining of the positioning.

The upper arm is flexed slightly at the elbow and raised above the head. The Mayo stand is placed over the patient's

Policy # 2126

IVF Michigan

SUBJECT: ANESTHESIA SAFETY REGULATIONS

PURPOSE:

To establish guidelines for safe patient care during the administration of anesthesia.

POLICY:

Electrical Safety Regulations:

Flammable anesthetics are prohibited for use in any anesthetizing location.

Floor conductivity testing will be done on an annual basis and documented by the Biomedical Technician.

Results will be distributed to the appropriate departments.

All electrical equipment will be checked for electrical safety on a quarterly basis by the Biomedical Tech and the results documented. Each piece of equipment will be tagged with the testing date and the date of the next inspection.

All electrical equipment will be equipped with three-prong hospital grade plugs or grounding plugs that comply with electrical standards for use in an outpatient surgery facility.

Annual testing and documentation of the continuity of all grounding system circuits will be performed and documented by the Biomedical Tech.

Any electrical equipment found to be defective in any way will be immediately removed from service, labeled with date and problem and the Biomedical Tech notified. The equipment will not be returned to service until it has been tested and found to be safe for patient use.

Anesthesia Equipment Safety:

All anesthesia equipment must be checked and tested by the individual anesthetist using the equipment prior to use each day. If any defect is discovered, the equipment will be tagged and not used until it has been repaired.

All anesthesia gas machines must be pin indexed. They will also be equipped with a fail-safe system which ensures that if the oxygen supply should fail, the anesthetic gas being administered to the patient will shut off automatically. Gas scavenging systems will exhaust waste anesthetic gases to the outside in a manner that will preclude reentry to the operating room.

All anesthesia machines will receive preventative maintenance checks on a quarterly basis. The results of these checks will be documented, and copies distributed to appropriate departments.

Relative humidity and temperature of the operating rooms shall be maintained at a comfortable level for OR personnel and patients. Any problems with ventilation, temperature or humidity shall be reported to contracted building maintenance personnel.

Fire and Explosion Safety Regulation:

- Flammable anesthetics and prep materials are forbidden when an electrosurgical unit is to be used.
- Cotton materials shall be used for patient gowns and blankets. OR scrub uniforms shall be of nonstatic producing materials. Silk, wool and synthetics may be worn in contact with the skin under approved fabrics.

RESPONSIBLE PERSONS:

All ASC personnel are responsible for the safe use of electrical equipment and for reporting, labeling and removing defective equipment from service immediately.

The Biomedical Tech is responsible for conductivity and grounding system testing, including distribution of the results to the appropriate departments.

The Biomedical Tech will perform quarterly preventative maintenance checks on all fixed and movable electrical equipment and distribute the results to appropriate departments.

Each anesthetist must check the anesthesia machine prior to use each day. Any machine not fully operational will be reported to the nurse manager, tagged and removed from service.

The nurse manager will coordinate all repairs and preventative maintenance checks with the appropriate service of department.

IVF Michigan

SUBJECT: ANESTHESIA SAFETY FOR OXYGEN ENRICHED ATMOSPHERE

PURPOSE:

To provide guidelines for working in an oxygen enriched atmosphere (OEA) in the surgical suites.

DEFINITION:

Nitrous oxide and oxygen can cause an oxygen enriched atmosphere (OEA).

- An OEA makes fires start easier.
- In an OEA, fires burn much faster.
- Even flame-resistant materials burn vigorously in an OEA.
- An OEA makes fires difficult to extinguish.
- An OEA usually occurs in confined areas, such as under drapes.

POLICY:

The following procedures and precautions will be used at all American Surgical Centers to provide for safety in an OEA.

PROCEDURE:

Fire prevention practices are the most important tools in stopping a fire from starting. The following represent safety tips when working in an oxygen enriched atmosphere (OEA):

- Chemicals and aerosols that contain flammable ingredients should be handled carefully. Proper amounts should be used to prevent pooling or soaking into surgical drapes. Allow solutions applied to the skin to dry before draping the patient to prevent build up of flammable vapors under drapes.
- When oxygen is delivered under drapes, it can create an OEA. Tent drapes to vent the gas.
- Keep control of high energy devices that could ignite fires. The surgical team should place the electrocautery pencil in its holder when not in use. The pencil should not be placed on the patient or the drapes.
- Lasers should be in "stand-by" mode when not being used. The end of the laser tip should not come in contact with the drapes.
- When using the defibrillator, paddles should be kept away from drapes and sponges. Apply firm pressure to avoid sparks.

All anesthesia and surgical personnel should be aware that fires spread quickly in an OEA and be knowledgeable of the ASC fire safety practices. If a fire occurs the RACE protocol shall be adhered to when managing a fire. Refer to Internal Emergency Preparedness Plan (Policy #1602).

Policy # 2128

IVF Michigan

SUBJECT: ANESTHESIA APPARATUS

PURPOSE:

To provide guidelines for the use and care of anesthesia apparatus.

POLICY:

Anesthesia apparatus must be inspected and tested by anesthesia personnel before each use. In addition, a routine maintenance program shall be followed. A written record documenting maintenance will be maintained in the department. Defective apparatus shall not be used until the fault is repaired.

PROCEDURE:

The following procedures should be followed when using anesthesia apparatus:

- The use or storage of any flammable agents or germicides shall be prohibited in all operating rooms and anesthetizing locations in the facility.
- Only nonflammable agents shall be used for anesthesia or for the preoperative preparation of the surgical field, when electrical equipment employing an open spark is to be used during an operation, i.e., cautery or coagulation equipment.
- Flammable anesthetics agents shall not be used.
- Each anesthetizing location shall be identified by a prominently permanent sign denoting usage of nonflammable anesthetic agents.
- The transportation of patients, while an inhalation anesthetic is being administered by means of a mobile anesthesia machine, shall be prohibited, unless deemed essential for the benefits of the patient in the combined judgment of the surgeon and the anesthesiologist.
- Anesthesia machines shall be equipped with a pin-index safety system and an oxygen fail-safe device.

EQUIPMENT:

- No electrical equipment, except that judged by the biomedical technician as being in compliance, shall be used in any anesthetizing location.
- When a physician wishes to use his/her personal electrical equipment, it shall first be inspected by the biomedical technician. The biomedical technician is to be consulted before any electrical equipment is brought into the operating room.
- The condition of the operating room electrical equipment, such as cords, plugs, switches and various electronic devices shall be inspected regularly. The conductivity of the equipment should be tested by the biomedical engineer annually and a written record of the results of these inspections shall be kept.
- Cleaning and disinfection of the breathing circuit portion of the anesthesia machine shall be accomplished by using single-use, disposable facemasks, breathing bags and delivery tubes where possible. Single use endotracheal tubes shall also be used.
- The anesthesia personnel shall be certain that resuscitation equipment is available and in working condition.

PATIENT SAFETY:

Certified anesthesia personnel must check to be certain that he/she does not administer any drugs or anesthetic agents to which the patient may be allergic, as obtained from a history or from a consultation with a surgeon and/or internist, as well as from the patient.

All patients will be attended by certified anesthesia personnel in the operating room until the patient is transported to the PACU. The anesthetist shall accompany the patient during transfer from the operating to the PACU.

The anesthetist will ensure that the patient is positioned properly while on the operating room table, avoiding undue pressure to bony prominences and possible nerve damage, while maintaining proper body alignment.

The anesthetist will monitor the patient's vital signs preoperatively/intraoperatively and immediately postoperatively.

- Any significant alterations in vital signs will be reported to the surgeon/anesthesiologist.

Policy # 2129

IVF Michigan

SUBJECT: ASEPSIS ANESTHESIA DEPARTMENT

PURPOSE:

To establish guidelines for anesthesia personnel for preventing entry of bacteria into a surgical wound which may produce nosocomial infection. Refer to Aseptic Technique Policy #1315.

POLICY:

Anesthesia personnel will adhere to the American Surgical Centers policies and procedures pertaining to:

- Recommendations for Universal precautions #1305
- Operating Room Surgical attire #1312
- Surgical hand scrub #1316
- Operating Room - Skin Preparation #1318
- Operating Room - Aseptic technique #1315
- Monitoring of Sterilizing Equipment and Sterilizing Process #1411
- High level Disinfection of Instruments and / or Equipment by use of a Chemical Sterilant – Operating Room #1413
- Operating Room - Flash Sterilization #1415
- Disposal of nonmedical / medical waste / soiled linen #1417

PROCEDURE:

DEFINITIONS:

Sterile: absence of all microorganisms including bacteria, mold, spores and viruses

Sterilization: the process of killing or inactivating all microorganisms.

Bactericidal: capable of killing or inactivating bacteria.

Antiseptic: substance which renders microorganisms on living tissue inactive by preventing or arresting their growth. Resistant strains may not be affected.

Disinfection: any process which renders inanimate objects free of pathogenic bacteria. Spaces are not affected.

Contamination: introduction of microorganisms to a sterile field.

TYPES OF STERILIZATION:

Steam sterilization: hot water under pressure for recommended length of time will render items sterile.

Ethylene Oxide (gas) Sterilization: Used for endoscopes, rubber items and any other fragile items that will not withstand high temperature or moisture.

Chemical Sterilization: Glutaraldehyde is a more rapid sterilization than ethylene oxide for items that will not withstand steam sterilization. Short 20-minute soaking periods provides high level disinfection of instruments.

Principles of Asepsis:

- All articles used for a surgical procedure are sterilized prior to surgery.
- Personnel who are sterile only touch sterile articles; personnel who are not sterile only touch unsterile items.
- If in doubt about the sterility of an item, consider it unsterile.
- Nonsterile personnel must avoid reaching over a sterile field; sterile personnel must avoid leaning over an unsterile field.
- Tables are only sterile at table level.
- Gowns are considered sterile only from the waist to shoulder in front and the sleeves.
- The edge of anything that encloses sterile contents is not considered sterile.
- Sterile personnel must remain within the sterile area. Nonsterile personnel must remain well away from the sterile area.
- Moisture may cause contamination.
- Pouring shall be done at the edge of the table, not at the middle.
- When passing in a sterile field, sterile personnel pass back to back or front to front.
- Gloved hands must be kept at waist level or above. Below the waist is considered contaminated. Keep hands away from face and mask.
- Always keep gloved hands in sight.
- Once in position, drapes are never moved or shifted.

Types of Sterile Wrappers:

- Cloth: double wrapped
- Peel pack: inspect for tears in plastic or incorrect sealing prior to placing on a sterile field.
- Sutures, gloves and other disposable items: manufacturer sealed.

Skin Cleaning and Disinfection:

Purpose to remove dirt, skin oil and microorganisms from skin surfaces; to reduce microbial count to as near zero as possible and to leave an antimicrobial residue on the skin to prevent bacterial growth during surgery.

Policy # 2130

IVF Michigan

SUBJECT: ANESTHESIA INFECTION CONTROL RESPONSIBILITIES

PURPOSE:

To prevent cross contamination of patients during the administration of anesthesia.

POLICY:

Anesthesia personnel will follow all appropriate infection control measures for the OR and PACU.

Anesthesia personnel will follow the ASC Surgical Attire Policy #1312.

Disposable anesthesia patient care supplies should be used whenever possible.

Reusable items will be properly decontaminated, disinfected and sterilized according to manufacturer's recommendations prior to reuse.

Anesthesia machines will be cleaned with facility approved germicide at the beginning of each day, after the completion of each case and when contaminated during a procedure.

The ASC Universal Precautions Policy #1305 and Exposure Control Plan #1401 will be observed at all times.

Policy # 2131

IVF Michigan

SUBJECT: STOCKING AND CLEANING ANESTHESIA MACHINES

PURPOSE:

To provide guidelines for the stocking and cleaning of the anesthesia machines.

POLICY:

Designated American Surgical Centers personnel are responsible for stocking and cleaning the anesthesia machines.

PROCEDURE:

With a facility approved germicidal solution, wipe off top of machine and shelves.

Discard all unused syringes and needles in sharps containers (DO NOT recap needles).

Roll up EKG leads and pulse sensors.

Stock machine.

Make sure all instruments and/or gases are turned off gently. Turning to tightly can damage needle valves.

- All gas valves.
- Oxygen monitor
- Cardio scope oxygen flush valves

Report any damaged or malfunctioning equipment to nurse manager.

Be sure machine is ready to use at all times with attached necessary tubes, etc.

Clean contaminated equipment used for each case and return to anesthesia machine drawers for storage.

End of case:

- Bags, corrugated tubes, airways, masks, straps, connectors, laryngoscope blade and stylets are disposable and thrown away after each case, if used.
- Nondisposable instruments and equipment shall be cleaned thoroughly and disinfected or sterilized per protocol.

Policy # 2132

IVF Michigan

SUBJECT: EDUCATIONAL RESPONSIBILITIES OF THE ANESTHESIA
DEPARTMENT

PURPOSE:

To outline the educational responsibilities of the Anesthesia Department.

POLICY:

The Anesthesia Department will participate in the continuing education programs for the OR and PACU nursing staff. These may be formal Inservice programs or informal discussions of specific patient care or types of anesthesia.

Members of the Anesthesia Department may participate in providing CPR or ACLS training, as requested.

The ASC nurse manager will coordinate in-services with the Anesthesia Department.

Policy #2133

ASG, PC & Rochester Anesthesia Services PC

SUBJECT: Corporate Compliance, Ethics & Code of Conduct

PURPOSE: To Corporate Compliance, Ethics & Code of Conduct

POLICY:

Corporate Compliance, Ethics & Code of Conduct

Corporate Compliance, Ethics & Code of Conduct

ANESTHESIA SERVICES GROUP, PC (ASG,PC)

ROCHESTER ANESTHESIA SERVICES, PC

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INTRODUCTION

Employees of Anesthesia Services Group, PC must conduct their operations in accordance with state and federal laws and high standards of professional conduct. A Compliance Program is intended to provide a framework for establishing implementing and monitoring policies and procedures for preventing, identifying, and correcting fraud, waste, abuse and other nonconformance with regulatory requirements, and to promote compliance with the Companies Code of Conduct at all levels of the organization. The Compliance Program should be tailored to the Companies practice, size, complexity, resources and culture. The Board of Managers should operate to continuously evolve and meet the changing regulatory landscape with their Compliance Program.

The Companies President has approved this Compliance Program. It is intended as a guide for each employee's conduct so that The Company may fulfill its obligations to observe the laws and public policies affecting their businesses. The standards of conduct described in this Compliance Program are intended generally to define the scope of conduct that The Company requires. In many cases these standards exceed the standards required by law. No set of standards or written rules, however, can substitute for the personal integrity, good judgment and common sense required meeting the challenges of the daily work of our employees.

The standards of conduct described in this Compliance Program cannot, nor were they intended to, cover every situation which the Companies employees may encounter. When the best course of action is unclear or if a The Company employee observes a violation of these standards, employees are urged to seek the guidance of or report the violations to their supervisors, The Company's Compliance Officer, or the Compliance Hotline. Calls to the Compliance Hotline will be treated confidentially, and may, at the caller's request, be anonymous, as discussed in the Section of this Compliance Program entitled *Compliance Hotline*.

Failure to observe the provisions of the Compliance Program can result in serious consequences to the employee, such as termination and criminal charges, and to the Company, such as criminal prosecution, substantial monetary fines and, of primary importance, the loss of the Company's reputation for integrity.

This Compliance Program is a "living" document which will be updated or otherwise changed periodically to keep The Company employees abreast of the most current information available on these topics. If a The Company employee has suggestions for improvements in this Compliance Program, please call The Company's Hotline or corporate office and ask for the Compliance Officer.

This Compliance Program is not intended to, nor does it; create any type of contractual agreement between any employee and The Company. Your employment with the Company is at-will, and the duration of your employment is at the discretion of the Company. Employees may be terminated at any time, with or without cause. No employee other than the President of the Company has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.

This Compliance Program is intended to provide a comprehensive *overview* of The Company's ethical standards. In many situations, however, additional guidance may be needed on a specific subject. To provide additional guidance, The Company has developed a comprehensive set of compliance policies and procedures ("Compliance Policies") which may be accessed through our intranet. ***All employees should consult the The Company Compliance Policies in addition to this Compliance Program to ensure that they follow any specific guidance on a subject.*** In addition, The Company periodically distributes memoranda and policy statements describing matters of interest to the Company or prohibiting specified activities by all or some of the Company's employees. The Compliance Policies and these memoranda and policy statements should be considered a part of The Company's Compliance Program.

Each Company employee has the responsibility to report any actions that he or she believes, in good faith, may violate the standards contained in this Compliance Program or in the Compliance Policies, or which damage the public trust. It is The Company's duty to protect those who report potential incidents of malfeasance. Employees having knowledge of retribution or retaliation resulting from reporting malfeasance should promptly report the information via the Compliance Hotline.

If a The Company employee has concerns about improper actions of other The Company employees, the employee should contact either his or her supervisor, the Facility CEO/Administrator (referred

to as the “Facility CEO/Administrator”), The Company’ Compliance Officer, or the Compliance Hotline.

CODE OF BUSINESS CONDUCT AND ETHICS FOR SENIOR OFFICERS AND EMPLOYEES

This code of Business Conduct and Ethics sets out basic principles and standards of conduct to

all directors, officers and employees of The Company, its parents, including The Company Inc. and its subsidiaries (collectively “The Company”). All the Company directors, officers and employees must conduct themselves in accordance with these principles and standards. Notwithstanding any provision of this Code to the contrary, the provisions of this Code shall not be deemed to limit the provisions of the Amended and Restated Certificate of Incorporation of The Company and, in the event of any conflict, the provisions of the Amended and Restated Certificate of Incorporation shall govern.

Claims of violations of this Code will be investigated by appropriate personnel or The Company representatives. Those who violate the standards in this Code may be subject to disciplinary action, including dismissal. ***If you are in a situation which you believe may violate or lead to a violation of this Code, you should consult your supervisor or manager or the Corporate Compliance Officer of The Company.***

The Company Code of Business Conduct and Ethics includes the following standards:

1. Directors, Officers and Employees Should Act Honestly and Ethically.

The Company’ directors, officers and employees should act ethically and in good faith, with honesty and integrity, when acting on behalf of The Company or in connection with The Company’ business or operations or in the handling of actual or apparent conflicts of interest between personal and professional relationships.

2. Directors, Officers and Employees Must Avoid Conflicts of Interest.

Directors, officers and employees must avoid conflicts of interest involving The Company or its business. A “conflict of interest” occurs when an individual’s private interest interferes in any way, or even appears to interfere, with the interests of The Company as a whole. A conflict situation can arise when a director, officer or employee takes actions or has interests that may make it difficult to perform his or her work for The Company objectively and effectively. Conflicts of interest also arise when a director, officer or employee, or a member of his or her family, receives improper personal benefits as a result of his or her position in or with The Company. Loans to, or guarantees of obligations of, such persons are of special concern, and must comply with all laws and may be subject to approval by the Audit and Compliance Committee of the President. Any director, officer or employee who becomes aware of a conflict or potential conflict of interest or any material transaction or relationship that reasonably could be expected to give rise to a conflict of interest should bring it to the attention of a supervisor, manager or the Corporate Compliance Officer. Conflicts of interest may not always be clear, so if you have a question, you should consult with the Corporate Compliance Officer of The Company or other personnel or legal counsel designated by The Company from time to time.

3. Public Disclosure Should Be Full, Fair, Accurate, Timely and Understandable.

Directors, officers and employees who are involved in the preparation of reports and documents that The Company files with or submits to the Securities and Exchange Commission or that are otherwise public communications have a responsibility to promote full, fair, accurate, timely and understandable disclosure in such reports, documents and communications. Such persons shall act in accordance with The Company’ Disclosure Controls and Procedures Manual.

4. Directors, Officers and Employees Must Comply with Laws, Rules and Regulations.

Obedying the law, both in letter and in spirit, is the foundation on which The Company’ ethical standards are built. All directors, officers and employees of The Company must respect and obey the laws of the jurisdictions in which we operate. Any director, officer or employee who is unsure about any aspect of these laws should seek

advice from officers, supervisors, managers or other appropriate personnel.

5. Confidentiality of Company Information Must Be Maintained.

Directors, officers and employees of The Company must maintain the confidentiality of information entrusted or made available to them by The Company, The Company's partners or patients of any of The Company's affiliates, except when disclosure is authorized by The Company or legally mandated and must not use that information for improper personal advantage. Confidential information includes all financial, patient and other records and non-public information that, if disclosed, might be of use to competitors, or harmful to The Company, its partners or patients.

6. Directors, Officers and Employees Are Prohibited from Taking the Company's Corporate Opportunities.

Directors, officers and employees of The Company are prohibited from (a) taking for themselves opportunities that are discovered through the use of The Company's property, information or position, without the consent of a majority of the disinterested members of the President, (b) using The Company's property, information or position for improper personal gain or (c) competing with The Company directly or indirectly. Directors, officers and employees owe a duty to The Company to advance its legitimate interests when the opportunity to do so arises.

7. Fair Dealing in All Activities Is Expected.

Each employee, officer and director should endeavor to deal fairly with The Company's partners, employees, competitors, customers and suppliers. A director, officer or employee should not take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts or any other unfair-dealing practice in connection with The Company's business.

8. Directors, Officers and Employees Should Protect and Properly Use the Company's Assets.

All directors, officers and employees should protect the Company and ensure their efficient use.

Theft, carelessness and waste have a direct impact on The Company's profitability. All company assets should be used for legitimate business purposes. Company assets should not be used for non-The Company business, although incidental personal use may be permitted in some circumstances.

9. Waivers of this Code Must Be Approved and Disclosed.

Any waiver of this Code for executive officers or directors of The Company may be made only by the President. The nature of reasons for and existence of the waiver will be promptly disclosed to the shareholders of The Company as required by law.

10. Directors, Officers and Employees Are Encouraged to Report Illegal or Unethical Behavior or Violations of this Code.

We must all work to ensure prompt and consistent action against violations of this Code. Employees are encouraged to contact Surgery

Partners' Corporate Compliance Officer or to talk to supervisors, managers or other appropriate personnel about observed illegal or unethical behavior or violations of this Code and when in doubt about the best course of action in a particular situation. Any claim of a possible violation may be made anonymously if the claimant so desires, and all claimants shall be provided confidentiality in the handling of the potential violation. The Company will not permit any retaliation of any kind against employees for reports made in good faith about observed illegal or unethical behavior or violations of this Code. Directors, officers and employees are expected to cooperate in internal investigations of misconduct.

11. The Corporate Compliance Officer Will Administer this Code.

This Code shall be administered by The Company's Corporate Compliance Officer. The Company employees are encouraged to seek guidance regarding the application or interpretation of this Code from the Corporate Compliance Officer and are expected to cooperate fully in any investigation of any potential violation of this Code.

ETHICAL PRACTICES

The public has a right to expect that the business of The Company will be conducted

ethically and competently by our officers and employees. Each employee should adhere to the spirit and language of the Compliance Program and strive for excellence in performing his or her duties. Each employee must maintain a high level of integrity in business conduct and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of The Company, its officers, directors or other employees. Furthermore, each employee should encourage other The Company employees to do likewise. Company's core ethics include the following:

- Full compliance with both the letter and spirit of the law.
- Delivery of high-quality healthcare services at fair prices which are reasonable and competitive.
- Conduct all our relationships with integrity, being honest, trustworthy and responsible in our professional and personal dealings.
- Pursue financial responsibility, stability and growth, delivering a quality of earnings that meet the highest standards of legal and fiscal principles.
- Be a positive influence and good corporate citizen in the communities where The Company has offices or provides services.
- Treat employees, customers and even competitors fairly and with respect.
- Report to The Company officials illegal or unethical practices of The Company employees, physician and CRNAs or agents.

The Company's Compliance Program is a blueprint for living and decision-making in the business environment, but it is not a substitute for following The Company's other policies, procedures and practices. If you have any questions about The Company's Compliance Program or other ethical concerns, discuss these with your supervisor or the Facility CEO/Administrator, if appropriate. If you are uncomfortable discussing certain issues at the local level, feel free to telephone the The Company Compliance Hotline or Compliance Officer at the corporate office.

PATIENTS

Patient Care and Rights

Our guiding principle at The Company is that patient care decisions are based on clinical concerns and not business economics. Other related principles of The Company are as follows:

- Only qualified physician and CRNAs and CRNA's with proper licensure and credentials can practice medicine or surgery at the Company's contracted Facilities.
- All Anesthesia Services records and documentation necessary to meet the requirements of Anesthesia Services staff by-laws, policies, accreditation standards, and all laws and regulations will be maintained.
- Patients have the right of informed consent. No Anesthesia Services procedure can be performed without the patient's consent. In special situations where the patient is unwilling or unable to consent to treatment, the The Company employee should consult with The Company's Compliance Officer.

Quality of Care and Treatment: The Company's primary goal is to provide high quality, cost effective physician and CRNA Anesthesia Services that respond to individual, family and community needs in a safe, healing environment. The Company strives to manage the Affiliates in a professional and cost-efficient manner so affiliated physician and CRNAs can render the highest quality service to their patients. The Company is committed to establishing an environment for the consistent provision of high quality of care to patients and to the delivery of healthcare services in a responsible, reliable and appropriate manner. The Company is also committed to the goal of excellence.

Since the Company employees assist healthcare providers upon whom patients depend for their health and safety, it is the duty and affirmative responsibility of all The Company employees never to ignore any deficiency or error in their healthcare services, no matter how small and insignificant. It is essential that all employees bring any such deficiencies or errors to the attention of those who can properly assess and redress the problem.

There are increasingly numerous measures that relate in some way to the quality of patient care. These include, for example, the Conditions of Participation of the Companies for Medicare and Medicaid Services (CMS), the standards and surveys of accrediting entities (JCAHO, AAAHC, and AAAASF) and the consensus measures of the National Quality Forum. The Company is attentive to all these standards and seeks to establish systems that reflect the best practices required or implied by these various standard-setting efforts.

Patients always deserve to be treated with dignity and respect. At all times, patients must be treated with dignity and respect. All the Company Affiliates keep patient records strictly confidential as required by law.

Informed Consent: While the law dictates that no Anesthesia Services procedure can be performed without the patient's consent, this principle is far easier to state than to apply. The myriad of special situations that can, and do, arise in the context of healthcare delivery often call for variations to the basic rule. Employees are encouraged to consult with their supervisor or The Company's approved counsel on all legal issues regarding patient consent. The Company Affiliates must strive to ensure that their patients are always well informed about treatment alternatives and the various risk factors associated with each treatment or no treatment.

Patients are provided information regarding their right to make advance directives regarding treatment decisions, financial considerations and the designation of surrogate healthcare decision-makers. Patient advance directives or resuscitative measures are honored within the limits of the law and our organization's mission, philosophy, values, and capabilities.

Notice to Patients. All the Company Facilities should provide written notice to patients informing them of the names of any physician and CRNAs who have ownership in the facility. In addition, all The Company hospitals will provide written notice of whether the hospital has 24-hour physician and CRNA coverage and what the hospital's process is for handling emergency cases.

Patient Confidentiality: It is Company policy to treat patient healthcare information with the utmost care and confidentiality and to comply fully with all state, federal and local laws and regulations regarding the confidentiality of patient health information and the security of health record systems, including, but not limited to, the privacy and security rules implemented under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the applicable provisions of the American Recovery and Reinvestment Act of 2009 and its applicable regulations. All Company and Facility personnel must follow the Company's separate HIPAA Compliance Manual, which HIPAA Compliance Policy Manual is hereby incorporated by reference.

PHYSICIAN AND CRNAS

Health care facilities like those contracted by The Company reflect collaboration between those who are part of The Company and those who have been credentialed and privileged to practice in The contracted facilities. As in any collaboration, each party has important roles and responsibilities. The Company is committed to providing a work environment for physician and CRNAs and other privileged practitioners who practice in contracted facilities that is excellent in all respects.

We do not pay for referrals.

We accept patient referrals and admissions based solely on the patient's Anesthesia Services needs and our ability to render the needed services. We do not pay or offer to pay anyone -- employees, physician and CRNAs, or other persons or entities -- for referral of patients.

We do not accept payments for referrals we make.

No, The Company employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not consider the volume or value of referrals that the provider has made (or may make) to us.

REGULATORY COMPLIANCE

The Company provides varied healthcare services in many states. These services are provided pursuant to appropriate federal, state, and local laws and regulations, and the conditions of participation, for Federal healthcare programs. Such laws, regulations, and conditions of participation may include, but are not limited to, subjects such as, consent to treatment, Anesthesia Services record-keeping, access to Anesthesia Services records and confidentiality, Anesthesia Services staff membership and clinical privileges, and Medicare and Medicaid program requirements. The organization is subject to numerous other laws in addition to these healthcare laws, regulations, and the conditions of participation. We have developed policies and procedures to address many legal, accreditation, certification and regulatory requirements. However, it is impractical to develop policies and procedures that encompass the full body of applicable law, standards, conditions and regulation. Obviously, those laws, standards, conditions and regulations not covered in organization policies and procedures must be followed. There is a range of expertise within the organization, including operations counsel and numerous functional experts (*i.e.*, Responsible Executives), who should be consulted for advice concerning human resources, legal, regulatory, standards and the conditions of participation requirements. Anyone aware of violations or suspected violations of laws, regulations, standards and the conditions of participation, or Company policies and procedures must report them immediately to a supervisor or member of management, Compliance Hotline or the Corporate Compliance Officer.

WORKPLACE CONDUCT & EMPLOYMENT PRACTICES

Employee Conduct

The Company relies on the ability and professionalism of its employees and representatives to communicate effectively the merits of their services to the patient, physician and CRNA and

consumer, and expects them to use only legitimate competitive practices. Each employee should perform his or her duties in good faith, in a manner that he or she reasonably believes to be in the best interests of The Company, and with the due care that a reasonably prudent person in the same position would use under similar circumstances.

Company employees must scrupulously ensure they do not perform any illegal conduct, including, but not limited to, efforts to circumvent the law by devious means or questionable interpretations. No employee shall take any action that he or she believes is in violation of any statute, rule or regulation.

Each employee should be open and honest in his or her business relationships with officers and employees of The Company, The Company' President, and the lawyers, accountants and other professionals retained by The Company. The failure to deliver information that is known or thought to be necessary or the provision of information that is known or thought to be inaccurate, misleading or incomplete, is unacceptable.

Improper Payments

No employee shall engage, either directly or indirectly, in any corrupt business practice, including bribery, kickbacks, or payoffs, intended to induce, influence, or reward favorable decisions of any government personnel or representative, any customer, contractor, or vendor in a commercial transaction, or any person in a position to benefit The Company or the employee in any way. No employee shall make or offer to make any payment or provide any other thing of value to another person with the understanding or intention that such payment is to be used for an unlawful or improper purpose.

Transactions Involving Government Employees

The public trust associated with transactions between the private sector and government entities imposes special responsibilities on Company employees and representatives to adhere to the same high standard of conduct expected of the government employee.

The Company employees or representatives must take no actions that would cause the government employee to violate, to appear to

violate, or that would be otherwise inconsistent with, that standard of conduct. Specifically, except as described in the next sentence, no The Company employee or representative may offer or give anything of monetary value, including gifts, gratuities, favors, entertainment or loans, to an employee or representative of a government agency with which The Company has or is seeking to obtain contractual or other business or financial relations or that regulates any The Company activities or operations. The Company employee may pay for the reasonable costs of meals of government employees and members of legislative bodies in connection with lawful lobbying efforts on behalf of The Company, if such activities are permitted by law and are undertaken with the knowledge and prior approval of a The Company Group President or Compliance Officer.

Specific rules and regulations govern the conditions of employment of former U.S. Government employees which may affect the duties they can perform as employees of The Company. All the Company employees to whom such rules or regulations apply shall comply with the letter and spirit of those rules and regulations to avoid any appearance of impropriety.

Conflicts of Interest

If a deal or relationship feels and looks like a conflict of interest, it probably is and should be disclosed and resolved. Conflicts of interest are often not black and white decisions, but an acceptable rule of conduct to follow in this area is: *Avoid any business relationship in which you, a member of your family, or a close friend or business associate materially benefits.*

What Is a Conflict of Interest? Conflicts of interest exist where an individual's actions or activities, on behalf of The Company or otherwise, involve obtaining improper personal gain or advantage, or effecting adversely the interests of The Company. In other words, *employees must avoid engaging in any activity, practice or act which conflicts with the interests of The Company, its Affiliates, or its patients.* The Company employees must avoid situations that would create an actual or even an appearance of a conflict of interest, unless approved in advance in writing by The Company's Compliance Officer. Appearances do count when it comes to

conflicts of interest, because those on whom the success of The Company may depend may judge the conduct of a The Company employee by the appearance of the conduct. Each the Company employee also has a duty of loyalty to The Company. While it is not possible to describe all the situations and conditions which involve a conflict of interest or violate the duty of loyalty, the following paragraphs indicate areas where conflicts of interest or violations of the duty of loyalty may arise.

Acceptance of Gifts and Entertainment: No employee, nor any member of any employee's family, may accept any personal gift or favor (including complimentary business or personal trips) from any of Company's competitors, contractors, customers or suppliers, or anyone with whom that employee does business on behalf of The Company. Perishable gifts, other gifts of a nominal value or reasonable personal entertainment may be ethically accepted if the gift would not influence, or reasonably appear to others to be capable of not influencing, the employee's business judgment in conducting The Company's affairs with the donor. The Company has decided to use the same guidelines for employee gifts that are applicable to physician and CRNA gifts under the Stark Law. If the value of the gift in the aggregate exceeds the yearly amount set forth under the Stark regulations for non-cash gifts to physician and CRNAs, or there is any question regarding whether the gift meets this standard of reasonableness, the employee must either disclose the details of the gift, seek prior approval to accept the gift, refuse the gift or promptly return the gift to the donor. This

Stark annual threshold is based on the limitations set forth in the Stark II regulations or non-cash gifts to physician and CRNAs, and the limit is adjusted on an annual basis for inflation by the Companies for Medicare and Medicaid Services (CMS) and is published on CMS's website. Although the Stark Law does not generally apply to surgery companies or to gifts to The Company employees, the Company is using the CMS non-monetary gift limit guidance as a base for its employee gift disclosure policy.

Personal Benefit: Each employee, for so long as he or she remains an employee of The Company, is expected to conduct the business of The Company to the best of his or her ability for the benefit and in the best interests of The Company. No employee may become involved in any manner with competitors, contractors, customers or suppliers of The Company if such involvement would result in improper personal gain or the appearance of

improper personal gain. Such involvement may include the purchase, sale or lease of any goods or services from or to any customer or supplier of The Company, or serving as an officer, director or in any other management or consulting capacity with a competitor, contractor, customer or supplier of The Company. An employee is not prohibited from purchasing goods or services from a customer or supplier to The Company if those goods or services are purchased on terms generally available to non-employees of The Company.

Placing business with any company or entity in which there is a family or close personal relationship or hiring or having a reporting relationship to relatives could constitute a conflict of interest or create the appearance of a conflict of interest.

The foregoing shall not preclude holding less than five percent (5%) of any class of securities in a publicly-held corporation listed on a nationally recognized stock exchange or regularly traded on an over-the-counter market. However, even if the holdings are less than five percent (5%), where an employee is in a position to control or influence The Company's decisions or actions with respect to a transaction with such a corporation, a conflict of interest might still exist, and such holdings must be disclosed.

Outside Business Activities. The Company employees who have been hired on a full-time, regular basis are expected to devote their entire working time to the performance of their duties for The Company. Outside business or consulting activities that would divert time, interest or talents from The Company business should be avoided. The Company employees are encouraged to engage in charitable activities; however, if such activities require an employee to spend a substantial amount of Company time, he or she should seek the consent of the person to whom he or she reports at The Company.

Business Information. The Company employees may not use for their personal benefit any information about The Company or proprietary or non-public information acquired as a result of the employee's relationship with The Company. Employees should disclose such business information only as required in the performance of their job or as expressly authorized by The Company. Employees should not under any circumstances use or share "inside information" about The Company or those with whom The Company does business which is not

otherwise available to the general public for any manner of direct or indirect personal gain or other improper use. Furthermore, employees possessing patient or provider information must protect the confidentiality of the information and ensure that such information, in whatever form it exists, is handled in a manner to protect against improper access or use by individuals not entitled to it. Violation of this policy may result in personal liability to the employee for any benefit gained from improper use of such information or any damages sustained by Surgery Partners as a result of improper disclosure of such information in addition to termination of such employee's employment with The Company.

Disclosure of Possible Conflicts of Interest. Employees must disclose possible conflicts of interest involving themselves or their immediate families (spouse, parents, brothers, sisters, and children) either (i) to the Facility CEO/Administrator, or (ii) to The Company's Compliance Officer if the employee is based at the The Company corporate office. The Compliance Officer will investigate and report possible conflicts to the Compliance Committee. The Company's Compliance Committee will evaluate potential conflicts of interest and determine whether significant conflicts of interest have occurred or might occur and take the necessary steps to protect The Company. If a Surgery Partners employee believes a conflict of interest exists, the employee must treat the situation as if a conflict exists until the employee and other appropriate The Company officials have resolved the potential conflict.

Employment Practices

Employee Development. All the Company employees are employees at will, and nothing in this Compliance Program shall be construed as a contract of employment. The Company is committed to reasonably protecting, supporting and developing its employees to the fullest extent of their potential in a fair and respectful manner. The Company realizes the importance of providing quality patient care using qualified, competent employees. Therefore, The Company will provide reasonable training to its employees to assure that its employees carry out their duties in a professional manner. The Company employees should take advantage of opportunities to develop their skills, talents, knowledge and understanding of their jobs. Surgery Partners' commitment to providing high-quality services to

its patients requires that each The Company employee endeavors to

improve his or her ability to perform his or her job responsibilities.

Maintaining a Safe Environment. The Company is committed to providing its employees with an environment where in the health, safety, privacy and comfort of the patients and its employees comes first. However, ASG, PC is a services company and has limited control over the work environment which is owned and operated by the contracted facilities for which we provide services for. It is the responsibility of the Contracted facilities to comply with all local, State, Federal and Credentialing bodies to provide a safe environment for our staff. If you become aware of a situation at our contracted centers, it is the employees responsibility to notify the Center and ASG immediately in writing.

Drug Free Workplace. Company maintains a drug free workplace and will not tolerate on its premises the manufacture, dispensation, possession, distribution, or use of illicit drugs or alcohol, or an employee being under the influence of illicit drugs or alcohol while on duty. The Company also prohibits the consumption of alcoholic beverages on The Company premises other than in connection with approved celebrations or meals either approved by the Facility CEO/Administrator or approved by a senior officer of the Company. The Company will in most cases immediately discipline or discharge employees who violate this policy.

Any employee reporting to work or discovered at work in a condition that suggests that he or she is under the influence of narcotics, illegal drugs, prescription drugs used improperly, or alcohol will not be permitted to report to or remain on the job. The employee's supervisor will escort the employee to the Facility CEO/Administrator for consultation and possible testing.

In order to ensure the safety of all The Company employees and patients, any employee who has been directed by a physician and CRNA to take a prescription drug that may adversely affect or impair performance on the job must report that circumstance to his or her immediate supervisor, along with acceptable Anesthesia Services documentation. The Facility CEO/Administrator will then determine whether the effects of the medication pose significant risk of substantial harm to the health or safety of the employee or his or her co-workers or the patients for whom the employee is responsible. Consistent with the Americans with Disabilities Act, reasonable accommodation will be

made for employees with a disability so long as there is not a significant risk to the health or safety of the employee, co-workers, patients, or others and so long as it would not create an undue hardship for the employer.

The Facility CEO/Administrator can arrange for confidential counseling for drug or alcohol dependence problems. The Facility CEO/Administrator may also make and coordinate referrals for Anesthesia Services/psychological treatment and arrangements for leaves of absence. Each Affiliate has a drug/alcohol policy, and employees should consult with their Facility CEO/Administrator regarding the policy's specifics.

Drug Testing Policy. Subject to state and federal law, The Company reserves the right to test for illegal drug use and/or alcohol use and to implement a drug testing policy at any time for applicants for employment and for current employees.

Job applicants considered final candidates for employment may be tested for the presence of illegal drugs and alcohol as a part of the application process. Any job applicant who refuses to submit to drug or alcohol testing, refuses to sign the consent form for such testing, fails to appear for testing, tampers with the test, or fails to pass the pre-employment drug and alcohol test will be ineligible for employment with The Company.

Current employees must submit to a drug test if requested. In most instances testing will be done if reasonable suspicion exists to indicate that an employee's ability to perform work safely or effectively may be impaired. "Reasonable suspicion" means a belief that an employee is using or has used drugs in violation of The Company policy, drawn from facts considering experience. On certain occasions, certain groups of employees, or even an entire facility, may be tested. As a condition of continued employment, participants in a rehabilitation program for drug and/or alcohol abuse may be required to consent in writing to periodic, unannounced testing after returning to work. An employee who has a positive, confirmed test is subject to disciplinary action, up to and including termination of employment. Employees who refuse to submit to a drug or alcohol test are also subject to disciplinary action up to and including termination of employment.

Equal Employment Opportunities. In determining suitability for employment, promotions, transfers, demotions, and wages, The Company looks at the individual's ability to perform the job. The Company extends equal employment opportunities to all individuals, regardless of race, color, sex, age, religious beliefs, marital status, national origin, physical/mental disabilities or any other characteristic protected by law. All supervisors and managers must be strongly supportive of equal employment and advancement opportunities and must insure that all employee relations decisions will be in accordance with this policy. All the Company employees have a fundamental responsibility to show appropriate respect and consideration of one another, regardless of position, station or relationship.

Sexual Harassment. The Company requires that everyone associated with The Company must treat co-workers and patients with respect and courtesy. The work environments must be free from all forms of sexual harassment and intimidation. Verbal and physical contact of a sexual nature by any employee, supervisor or manager, including sexual advances, requests for sexual favors or other conduct which tends to create an intimidating, hostile or offensive work environment is strictly prohibited. All incidents of sexual harassment should be immediately reported to the employee's supervisor, the Facility CEO/Administrator, The Company' Compliance Officer or the Compliance Hotline. For more information on this topic see Compliance Policy No. 01-0700 entitled "Sexual and Other Harassment."

Ethical Concerns. The Company supervisor has a responsibility to create a work environment in which ethical concerns can be raised and openly discussed. If a The Company employee raises an uncomfortable question or criticizes a supervisor, The Company supervisors must welcome the employee's questions or concerns, and, as appropriate, seek assistance in addressing them. If a supervisor does not know how to answer such a question or address a concern, The Company' Compliance Officer will assist The Company' supervisors or employees.

Employees Have an Obligation to Report Illegal or Unethical Practice. The Company employees have the obligation not to violate the law and to conduct themselves in an ethical manner. Employees must also report to their supervisors or The Company' Compliance Officer, any violations of law or unethical practices of other The Company employees, physician and CRNAs or other agents. This duty to

report includes, but is not limited to, suspected incidents of harassment, sexual or otherwise.

If a The Company employee has concerns about the improper actions of other The Company employees, the employee should contact either his or her supervisor, his or her Facility CEO/Administrator, or The Company' Compliance Officer, or the Compliance Hotline. Calls to the Compliance Hotline will be treated confidentially and may, at the caller's request, be anonymous as discussed in the Section of this Compliance Program entitled Compliance Hotline.

Conduct Outside of Work. The Company employees are accountable for behavior outside of work that has a negative impact on the individual's ability to perform his/her responsibilities at work, the performance of others, or The Company' business interests.

Social Computing Guidelines. The same principles and guidelines that apply to the activities of The Company employees in general, as found in this Compliance Program and Surgery Partners' Compliance Policies, apply to any online activities of The Company employees. This includes forms of online publishing and discussion, including blogs, wikis, file-sharing, user-generated video and audio, virtual worlds and social networks. The Company fully respects the legal rights of its employees. In general, what an employee does on his or her own time is the employee's affair. However, activities in or outside of work that negatively affect the employee's job performance, the performance of other employees, or The Company' business interests may be a focus for discipline.

Employees should be thoughtful about how they present themselves in online social networks. The lines between public and private, personal and professional, are blurred in online social networks. By virtue of identifying himself or herself as a Company employee within a social network, the employee is connected to his or her employees, managers, and even The Company patients. As such, it is recommended that employees refrain from identifying themselves as The Company employees so that what the employee publishes will not be misunderstood as expressing The Company positions.

Protecting confidential and proprietary information

Social computing blurs many of the traditional boundaries between internal and external communications. Employees should be thoughtful about what they publish. Employees should be sure that they do not disclose or use The Company' confidential or proprietary information or that of any other person or company in any online social computing platform. Employees must not comment on confidential The Company financial information such as The Company' future

business performance, business plans, or prospects. Further, blogs, wikis, virtual worlds, social networks, or other tools should not be used for internal communications among fellow employees. It is fine for The Company employees to disagree, but employees should not use their external blogs or other online social media to air differences in an inappropriate manner.

Copyrights

The Company employees may only copy and/or use copyrighted materials pursuant to the organization's policy on such matters.

Ineligible Persons

We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs; suspended or debarred from Federal government contracts and has not been reinstated in a Federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility. We routinely search the Department of Health and Human Services Office of Inspector General and General Services Administration's lists of such excluded and ineligible persons. Several Company policies address the procedures for timely and thorough review of such lists and appropriate enforcement actions. Employees, vendors, and privileged practitioners at one or more The Company facilities are required to report to us if they become excluded, debarred, or ineligible to participate in Federal healthcare programs.

BUSINESS COURTESIES

Business Entertainment and Gifts

Federal and state laws prohibit offering or receiving any form of improper "inducement"

to order, refer or purchase a health care item or service. The purpose of these laws is to prevent personal benefit to a physician and CRNA, physician and CRNA's immediate family member (as defined below) or other referral source from overriding considerations of service quality, patient well-being or encouraging Anesthesia Services unnecessary items or services. This policy is designed to permit common reasonable business courtesy items, such as modest gifts, meals and entertainment, but prohibits extravagant gifts, meals and entertainment. For the purposes of these Policies, "immediate family members" mean the physician and CRNA's husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

Surgery Partners personnel may provide ordinary and reasonable business courtesies of nominal value (e.g., tickets to sporting events or concerts, meals and similar gift items) to physician and CRNAs, the physician and CRNA's immediate family members or other non-physician and CRNA referral sources, provided that such business courtesies do not violate the laws of the locale in which the business is transacted and are not given for the purpose of influencing the business behavior of the recipient in an unethical manner or inducing a referral to the Company. Cash or cash equivalent gifts, such as gift cards, are prohibited. Additionally, the recipient of the business courtesy may not have solicited the business courtesy, nor can The Company personnel provide business courtesies based on a referral source's volume or value of referrals.

Pursuant to the limitations set forth in the Stark Law applicable to **Hospitals**, any business courtesy to physician and CRNAs and his or her immediate family members is prohibited if it exceeds the current Stark Law annual limit. (The 2012 limit is \$373 per calendar year). The maximum is adjusted for inflation by the Companies for

Medicare and Medicaid Services on an annual basis and does not apply to items which are predominately for the **Hospital's** benefit or satisfy the Stark Law's exception for Anesthesia Services staff incidental benefits and thus do not constitute compensation to an individual physician and CRNA. In the event business courtesies provided by a **Hospital** to physician and CRNAs and his or her immediate family members exceed the Stark Law annual limit per calendar year the Hospital shall promptly notify the Compliance Officer.

If any business courtesies provided to referral sources or potential referral sources of a Surgery **Company will** exceed the Stark Law annual limit at one time or in the aggregate during a calendar year, the **Surgery Companies** RVP and GVP of Finance must approve in writing prior to providing the business courtesy. These the Company officers must exercise discretion and control in authorizing such business courtesies. A copy of this approval will promptly be provided to the CO.

The Stark Law requires **Hospitals** to track business courtesies to physician and CRNAs and their immediate family members. The Company will establish a standard business courtesy tracking log for all **Hospitals and Surgery Companies** to use.

The following activities are NOT considered business courtesies and may be provided to potential referral sources. Because they are not considered business courtesies, they do not count toward the Stark Law annual business courtesy limit and do not need to be tracked. Specifically, a Hospital may:

a. confer on potential referral sources who are members of the Anesthesia Services staff benefits valued at less than \$30 per occurrence and which occur within a hospital provided:

i. the benefits are offered only during periods when the potential referral source is

making rounds or engaged in other services or activities that benefit the facility or its patients;

ii. all members of the Anesthesia Services staff practicing at the same specialty are offered the same benefit;

iii. the benefit is reasonably related to the provision of, or designed to facilitate directly or indirectly the delivery of, Anesthesia Services services at the facility; and

iv. the benefit is not determined in any manner that considers the volume or value of referrals or other business generated between the parties.

Examples of this exception include:

- free parking in the facility's garage;
- modest meals in the physician and CRNA lounge;

or

- hosting a party at the facility to introduce the Anesthesia Services staff to the facility's new Chief Executive Officer.

b. provide items in exchange for their fair market value price.

ACCREDITATION AND SURVEYS

In preparation for, during and after surveys, The Company employees must deal with all accrediting and external agency survey bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting or external agency survey bodies that would mislead the accrediting or external agency survey teams, either directly or indirectly. The scope of matters related to accreditation or external agency survey is extremely significant and broader than the scope of this Code of Conduct. The purpose of our Code of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies and external agency survey entities may address issues of

both wide and somewhat more focused interest. From time-to-time, government agencies and other entities conduct surveys in our facilities. We respond with openness and accurate information. In preparation for or during a survey or inspection, The Company employees must never conceal, destroy, or alter any documents; lie; or make misleading statements to the agency representative. Employees also must never attempt to cause another employee to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

BUSINESS AND FINANCIAL INFORMATION

Internal Controls

Internal Controls. Internal controls provide The Company a system of “checks and balances” to help insure that administrative and accounting policies, including those described in this Compliance Program, are complied with throughout the corporation.

Administrative controls promote organizational effectiveness and help establish a uniform direction for employee efforts by ensuring adherence to Company policies. Accounting controls safeguard The Company’ assets and ensure the reliability of Company records. The Company managers are responsible for effective administrative and accounting controls in their areas of responsibility.

In administering internal controls, managers should communicate to their subordinates all company policies that apply to their job. The managers should also show leadership in adhering to the policies and enforcing them. Reasonable procedures for carrying out company policies and preventing deviations should be established. In keeping with the

company’s management style, managers have considerable discretion in developing these procedures, which should be kept to a minimum within the spirit of the requirements of this policy. If deviations from policy do occur, appropriate (i.e., fair, but firm) disciplinary action may be necessary.

In carrying out their responsibility for administering accounting controls, managers must assure that:

- Business transactions of all kinds are executed by employees authorized to do so.
 - Access to assets of all kinds (e.g., cash, inventory, securities, etc.) is permitted only with authorization by the appropriate management levels.
 - Business transactions are reported as necessary to (a) permit preparation of accurate financial and other records and to (b) clearly reflect the responsibility for assets.
 - Records identifying the responsibility for assets are compared with actual assets at reasonable intervals. Appropriate action must be taken if there are discrepancies.
- Books and Records.* Managers should ensure that Company records accurately and fairly represent all business transactions. This means that:
- All assets and transactions must be recorded in normal books and records.
 - No unrecorded funds or accounts shall be established or maintained for any purpose.

- Records shall not be falsified in any manner.
- Anyone with knowledge of inaccurate or false records must promptly report them to an appropriate senior manager, The Company' Compliance Officer.
- Oral and written descriptions of transactions, whether completed or contemplated, must be full and accurate. Special care must be exercised in describing transactions to those responsible for the preparation or verification of financial records to avoid any misleading inferences.
- All records required by either Federal or State law or by the Company are created, maintained and retained in accordance with such laws and Company policies.

Control of Funds.

Each officer and Facility CEO/Administrator must monitor the commitment and expenditure of The Company funds by persons under his or her authority. Each must ensure that any expenditure or transfer of The Company funds is made for a valid business purpose, is appropriately documented, is made pursuant to authority in published guidelines and policy statements and is received by the recipient indicated in the Company records.

Responsible Use of The Company' Assets. Employees shall preserve The Company' property, equipment, and supplies. This includes all The Company property, whether owned or leased. The Company tangible and intangible property includes office and Anesthesia Services equipment, vehicles, supplies, reports and records, computer software and data, trademarks and service marks, intellectual

property, and company-provided services. Employees should dispose of surplus, obsolete, or junked property according to Company policies.

Responsible Use of the Assets of Others. Employees should protect patient property and information and handle all such property and information according to The Company policies. Patient information may be shared only with those who have a legitimate need and are authorized to receive such information, in accordance with applicable law.

Employees should protect intellectual property developed as part of their employment at The Company. Employees should not share this information with another company or person while working for The Company or after departing The Company and should return any tangible form of intellectual property in their possession to the Company upon termination of employment.

Confidential Information

The term "confidential information" refers to proprietary information about our organization's strategies and operations as well as patient information and third-party information. Improper use or disclosure of confidential information could violate legal and ethical obligations. The Company employees may use confidential information only to perform their job responsibilities and shall not share such information with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship, provided disclosure is not prohibited by law or regulation. Confidential Information, also referred to as "sensitive information," covers virtually anything related to The Company' operations that is not publicly known, such as personnel data maintained by the organization; patient lists

and clinical information, including individually identifiable patient information; patient financial information, including credit card data and social security numbers; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; details regarding federal, state, and local tax examinations of the organization or its joint venture partners; proprietary information from a research sponsor or the data generated from the research; strategic plans; marketing strategies and techniques; supplier and subcontractor information; and proprietary computer software. In order to maintain the confidentiality and integrity of patient and confidential information, employees must protect such information in accordance with information security policies and standards when it is e-mailed outside the Company or otherwise sent through the Internet; stored on portable devices such as laptops and portable digital assistants (PDAs); or transferred to removable media such as CD or USB drive. These policies and standards require, among other things, that the individual and/or entity be validated and the information be encrypted. Use of due care and due diligence is required to maintain the confidentiality, availability and integrity of information assets the Company owns or of which it is the custodian. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each The Company employee protect our computer systems and the information contained in them by not sharing passwords and by reviewing and adhering to our Information security policies and standards. Any the Company employee who knows or suspects confidential information to have been compromised must report the potential security breach to the Facility Administrator/CEO and/or Facility Privacy Officer. If an individual's employment or contractual relationship with The Company ends for any reason, the individual is still bound to maintain the confidentiality of information

viewed, received or used during the employment or contractual business relationship with The Company. This provision does not restrict the right of an employee to disclose, if he or she wishes, information about his or her own compensation, benefits, or terms and conditions of employment. Copies of confidential information in an employee's or contractor's possession shall be left with THE COMPANY at the end of the employment or contractual relationship.

Accuracy, Retention, and Disposal of Documents and Records

Each the Company employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed to deny governmental authorities that which may be relevant to a government investigation. Anesthesia Services and business documents and records are retained in accordance with the law and our record retention policy, which includes comprehensive retention schedules. Anesthesia Services and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy. The Company employees must not tamper with records. No one may remove or destroy records prior to the specified date without first obtaining permission as outlined in the Company records management policy. Finally, under no circumstances may at The Company employee use patient, employee or any other

individual's or entity's information to personally benefit (*e.g.*, perpetrate identity theft).

Electronic Media and Security Requirements

All communications systems, including but not limited to computers, electronic mail, Intranet, internet access, telephones, and voice mail, are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and standards. Limited reasonable personal use of The Company communications systems is permitted; however, users should assume these communications are not private. Users of computer and telephonic systems should presume no expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems, and the Company reserves the right to monitor and/or access communications usage and content consistent with Company policies and procedures. Employees may not use internal communication channels or access to the internet at work to view, post, store, transmit, download, or distribute any threatening materials; knowingly, recklessly, or maliciously false materials; obscene materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Also, these channels of communication may not be used to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction.

Employees who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action. Employees shall comply with The Company' information security policies and standards governing the use of information systems. Only assigned user IDS shall be used. Individuals may only use officially assigned User IDS and passwords and

are not permitted to share or disclose any password that is used to access The Company systems or information. Portable devices and removable media, such as laptop computers, PDAs, USB drives, CDs and external hard drives, must always be physically secured. Employees shall never use tools or techniques to break or exploit The Company information security measures or those used by other companies or individuals.

Billing

The Company is committed to accurate and truthful billing for all services in compliance with Federal and state laws and regulations, and will not misrepresent charges to, or on behalf of, a patient and/or third-party payor. All the Company employees must comply with special billing requirements for government-sponsored programs and other payors. The Company prohibits any employee or agent from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious or fraudulent. Deliberate misstatements to government agencies or other payors will expose the employee involved to criminal penalties and termination of employment.

General Risk Areas. The following are general risk areas in respect of billing:

- Credit Balances. The failure to return overpayments within a reasonable period to the patient or payor, as appropriate.
- Diagnosis and Procedure Coding. It is illegal to improperly code ICD 9 codes and CPT codes and/or current CMS-approved coding methodologies. The Company employees must take care to understand the services provided as documented in the Anesthesia Services record and to accurately bill for such documented services.

- Duplicate Bills. Duplicate bills should always be marked as duplicates to avoid allegations of double billing.
- Upcoding or “CPT Creep”. This fraudulent activity involves using a CPT code providing higher payment than the billing code that reflects the service furnished to the patient.
- Waiver of Coinsurance and Deductible Amounts. The Company Affiliates must not routinely waive co-payments and deductible payments, except in strict conformity with specific The Company written policies. See the Section of this Compliance Program entitled *Waiver of Copayments and Deductibles*.
- Fictitious Billing. Billing for items or services not actually rendered or providing Anesthesia Services unnecessary services.

disclosed, would embarrass the employee or The Company. To avoid even the appearance of impropriety, *The Company will not provide any gift, payment or reimbursement for expenses incurred by any referral source, or governmental representative unless the expense reimbursement is determined to be appropriate by the Compliance Officer*. The Company employees should contact The Company’ Compliance Officer immediately if unethical or illegal payments are requested, offered or made.

The Company will comply with all state and Federal advertising requirements. Advertising materials must be prepared in accordance with marketing guidelines adopted by the Company, in conformity with all state and Federal requirements in respect of advertising.

All the Company advertising must be truthful and not misleading. Specific claims about the quality of The Company’ services must be supported by evidence to substantiate the claims made. All price advertising must accurately reflect the true charge for services provided to our patients.

The Company’ best advertisement is The Company itself. The Company does not use advertisements or marketing programs which might cause confusion between our services and those of our competitors. The Company does not disparage the service or business of a competitor using false or misleading statements.

The Company does not compensate employees based on patient volumes. The Company does not pay incentives to employees based upon the number of persons treated at its Facilities and Practices. The decision to refer individuals to The Company Affiliates is always a clinical decision to be made by physician and CRNAs.

COMPETITIVE ACTIVITIES & MARKETING

Business Development

The Company will pursue financial stability and growth in a manner that develops a quality of earnings that meet the highest standards of legal, fiscal and ethical principles.

The Company will forego any business which can only be obtained by improper and illegal means. Company will not make payments to anyone to induce the use of our services. The Company employee should never make a payment which, if it were publicly

Dealing with Competitors / Antitrust Laws

Vigorous competition is an essential element of a free enterprise system. The basic objective of antitrust laws is to protect and preserve competition from unreasonable restraints. It is Company' policy to comply fully with such laws. This policy applies to all The Company personnel, including employees in the corporate office and all Affiliates, particularly to those in management and marketing.

Unlawful Per Se Agreements. Under U.S. law, certain agreements with competitors are unlawful per se (i.e., "in and of themselves") without regard to reasonableness from a business or commercial viewpoint or to their actual effect on competition, and the law provides severe personal criminal penalties for such violations. Those violations include agreements or understandings among competitors: to fix, stabilize or control prices, including resale prices; to allocate products, markets or territories; to boycott certain customers or suppliers; or to agree not to engage in the manufacture or sale of, or to limit production or sale of, any product or product line. In no event should any The Company employee engage in any discussions, agreements or understandings (whether by telephone, correspondence, at meetings or otherwise) with any competitor with respect to any matter, including prices and territory or customer allocations, which would constitute a per se violation of the antitrust laws. This prohibition against discussion of prices includes not only proposed price changes but also price deviations and any form of price stabilization.

Agreements Subject to "Rule of Reason" Under Antitrust Laws. In addition to agreements which are unlawful per se, other agreements with competitors or customers can potentially violate U.S. antitrust law. These agreements are subject to the "Rule of Reason" test under which courts determine whether considering the particular facts of a certain transaction a

practice or other agreement results in an "unreasonable" restraint of trade. Such a determination frequently involves a complicated legal analysis of the reasonableness of the action, the purposes of the parties and the probable effects upon competition. The Company Compliance Officer will consult outside counsel as needed. For more specific information about compliance with antitrust laws in the course of an acquisition or merger, consult The Company policy on "Anti-trust Laws – Acquisitions and Joint Ventures."

Obtaining Information About Competitors. General business information about competitors is important in The Company' efforts to maintain and improve upon our competitive position both in terms of services and technology. However, no circumstances can exist which justify the use of improper means to develop competitive information. It is The Company' policy to use only ethical and legal means for gathering information about present and future competitors.

Use may be made of competitive information available in trade and other publications, and information obtainable by analysis of a competitor's product where it is available in the open market. Information disclosed in formal presentations at public meetings may be used freely. However, when information is received privately or in small group discussions, care must be exercised to ascertain that there is no notice that either the information is secret, or a confidential relationship is being breached. If there is such notice, receipt of the information should be avoided.

All actions to acquire competitive information from governmental agencies under the Freedom of Information Act must be based on prior review and approval by The Company' General Counsel.

Improper Procurement of Proprietary Information. Company employees are

not to induce, through social relationships or otherwise, present or former employees of competitors to disclose any proprietary or confidential information. Any such information offered gratuitously should be refused and Company employees should avoid having any confidential obligation imposed upon them, unless in writing, with the approval of an appropriate authority. In addition, The Company employees are not to question any fellow employee in a manner which is likely to result in confidential information of a previous employer being disclosed.

Recruitment of a Competitor's Employees. Employees of competitors will not be recruited or hired for their knowledge of proprietary information of present or former employers. A new employee should not be assigned work in an area where there is likelihood that proprietary information of the former employer would be involved. New employees should be advised against disclosing or using any confidential or trade secret information of their former employer, and The Company managers should act to see that they do not. However, all employees can and are expected to otherwise make full use of the skills, experience and general knowledge learned in their previous employments.

ENVIRONMENTAL LAWS

Environmental Laws

The Company is committed to promoting sound corporate environmental practices that will prevent and eliminate damage to the environment, enhance human and community resources, and reduce or avoid exposure to environmental liabilities.

Anesthesia Services Waste. Company employees are expected to exercise good judgment about environmental aspects of the use of Company buildings, equipment, property, lab processes and Anesthesia Services products.

Employees must comply with all applicable laws and apply due diligence and care to minimize the generation, discharge and disposal of Anesthesia Services waste or other hazardous materials. Employees who are uncertain of the correct procedures for disposing of any such material should consult their supervisors for assistance.

Report of Hazardous Condition. Any the Company employee who detects an existing or potential condition hazardous to human health or the environment or in violation of the Company's environmental practices should report the condition immediately to the supervisor or Facility Administrator to whom he or she has functional responsibility. Prompt disclosure of such events is critical to effective remedial action and to The Company' efforts to ensure that such events do not recur. The Company employees with responsibility for the proper handling and disposal of hazardous substances and infectious waste must ensure that contractors hired to dispose of such materials do so in a proper manner.

Safety of Patients and Employees. Also, The Company will maintain the safety and well-being of its patients and employees. The Company' managers are charged with the responsibility to develop programs to eliminate, or minimize to the extent reasonably feasible, any hazards to the health and safety of employees and patients, in accordance with applicable laws and regulations.

COMPLIANCE PROGRAM

Program Structure

The Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. The elements of the program include setting standards (the Code and Policies and Procedures), communicating the standards,

providing a mechanism for reporting potential exceptions, monitoring and auditing, and maintaining an organizational structure that supports the furtherance of the program. Each of these elements is detailed below.

These elements are supported at all levels of the organization. Providing direction, guidance and oversight are the Audit and Compliance Committee of the President and the Corporate Compliance Officer.

The Corporate Compliance Officer for the organization is responsible for the day-to-day direction and implementation of the Compliance Program. This includes developing resources (including policies and procedures, training programs and communication tools) and providing support to Facility Compliance Officers.

Playing a key role in ensuring the successful implementation of our Compliance Program, Facility COs are responsible for distributing standards, ensuring training is conducted, monitoring and responding to audits, investigating and resolving Compliance Line cases and otherwise administering the Compliance Program in their respective facility.

Another important resource able to address issues arising out of the Code of Conduct is the Human Resource Department. Human Resources are knowledgeable about many of the compliance risk area described in this Code of Conduct that pertain to employment and the workplace and are responsible for ensuring compliance with the various employment laws. If a concern relates to specific details of an individual's work situation, rather than larger issues of organizational ethics and compliance, the Human Resources manager is the most appropriate person to contact. In that we promote the concept of management autonomy at local facilities, every effort should be made to resolve the workplace conduct and employment practice issues through the individual's supervisor and the Human Resource

manager at the local facility. The Company routinely reviews the operation of this problem-solving procedure and may periodically modify the details of the approach in order to maximize its effectiveness. In circumstances where you seek to utilize the problem-solving procedure, we encourage you to inquire about the specifics of how the procedure operates. Your local human resources department or representative can provide this information. All these individuals or groups are prepared to support The Company employees in meeting the standards set forth in this Code.

Setting Standards

With respect to our Compliance Program, we set standards through this Code of Conduct, compliance policies and procedures and, occasionally, through other guidance mechanisms, such as Compliance Alerts and advisory memoranda. It is the responsibility of everyone to be aware of those policies and procedures that pertain to his or her work and to follow those policies and procedures.

Training and Communication

Comprehensive training and education have been developed to ensure that employees throughout the organization are aware of the standards that apply to them. Code of Conduct training is conducted at the time an individual joins the organization and annually for all employees. Compliance training in areas of compliance risk (e.g., billing, coding, cost reports) is required of certain individuals. Company policies outline the training requirements. Compliance training is recorded in the Company's learning management system. Through the learning management system, system administrators and Compliance Officers track employees' compliance with their training requirements and report such information as necessary.

Resources for Guidance and Reporting Concerns

To obtain guidance on a compliance issue or to report a concern, individuals may choose from several options. We encourage the resolution of issues, including human resources-related issues (e.g., payroll, fair treatment and disciplinary issues), at a local level. Employees should use the human resources-related problem-solving procedure at their facility to resolve such issues. It is an expected good practice, when one is comfortable with it and thinks it appropriate under the circumstances, to raise concerns first with one's supervisor. If this is uncomfortable or inappropriate, the individual may discuss the situation with the Facility Human Resources Manager, the Facility Compliance Officer, or another member of management at the facility or in the organization.

COMPLIANCE HOTLINE

1.248.790.2080

Anesthesia Services Group, PC has established a Compliance Hotline to provide The Company employees with every avenue possible in which to raise their concerns and report possible wrongdoing. Every call will be treated confidentially. Calls will not be recorded or traced, and the caller will not be required to furnish his or her name. The Company's Compliance Officer will investigate all calls and insure that proper follow-up actions are taken. The Company policy prohibits any employee from taking retaliation against a Compliance Hotline caller.

Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each

employee has an individual responsibility for reporting any activity by any employee, physician and CRNA, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, and standards of Anesthesia Services practice, Federal healthcare conditions of participation, or this Code. If a matter that poses serious compliance risk to the organization or that involves a serious issue of Anesthesia Services necessity, clinical outcomes or patient safety is reported locally, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Ethics Line until satisfied that the full importance of the matter has been recognized. If a matter that poses concern regarding the safety or quality of care provided to a patient in the hospital is identified and was reported locally but thought to be unresolved, an additional avenue for reporting is available through notification to one of the accrediting bodies. There will be no retaliatory disciplinary action taken against an employee who reports concerns to one of the accrediting bodies.

Internal Investigations of Reports

We are committed to investigating all reported concerns promptly and confidentially to the extent possible. The Compliance Officer coordinates any findings from corporate-led investigations and immediately recommends corrective action or changes that need to be made. We expect all employees to cooperate with investigation efforts.

Corrective Action

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes

to prevent a similar violation from recurring in the future.

Discipline

All violators of the Code will be subject to disciplinary action.

The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any or all the following disciplinary actions:

Oral warning; Written warning; Written reprimand; Suspension; Termination; and/or Restitution.

Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Compliance Program through various efforts. Much of this effort is provided by the Internal Audit Department, which routinely conducts internal audits of issues that have regulatory or compliance implications. Responsible Executives routinely undertake monitoring efforts in support of policies and compliance in general. Facilities conduct self-monitoring, and the Ethics and Compliance Department conducts reviews of facility ethics and compliance programs designed to assess facility implementation of the Code, policies and procedures, Ethics Line and related investigations, and monitoring efforts. These compliance process reviews permit the Compliance Department to identify and share best practices. Most of these methods of assessment result in reports of findings by the reviewers and corrective action plans by the facilities that are reviewed. Through these reviews, we are continuously assessing the effectiveness of the Program and finding ways to improve it.

Acknowledgment Process

The Company requires all employees to sign an acknowledgment confirming they have reviewed the Code, understand it represents mandatory policies of The Company and agree to abide by it. New employees are required to sign this acknowledgment as a condition of employment. Each the Company employee is also required to participate in annual Code of Conduct training, and records of such training must be retained by each facility.

Adherence to and support of The Company' Code of Conduct and participation in related activities and training is considered in decisions regarding hiring, promotion, and compensation for all candidates and employees. New employees must receive Code of Conduct

ANESTHESIA SERVICES GROUP, PC

**CERTIFICATION
REGARDING
THE COMPANIES CORPORATE COMPLIANCE PROGRAM**

I certify that I have received, read and understood, to the extent reasonably applicable to my employment responsibilities, The Company Code of Conduct. By executing this Certificate, I hereby also acknowledge my obligation and agreement to fulfill those duties and responsibilities as set forth in the Code of Conduct and the Compliance Policies. I further certify that throughout the remainder of my association with the Company, I shall continue to comply with the terms of the Code of Conduct and the Compliance Policies. I understand that violation of the Companies policies described in the Compliance Program or Compliance Policies may lead to disciplinary action, including termination.

Signature: _____

Name (Print): _____

Facility/Department Name:

Date: _____

Please promptly return the signed copy of this Certification to your facility's administrator, Personnel Director, or Compliance Officer.

Policy # 2134

IVF Michigan

SUBJECT: ASA Standards

PURPOSE:

Anesthesia Standards will at a basic minimum comply with ASA Standards

POLICY: Anesthesia Standards will at a basic minimum comply with ASA Standards. ASA Standards and guidelines can be reviewed at the following

<https://www.asahq.org/standards-and-guidelines>