

Indiana State Department of Health  
Health Care Quality and Regulatory Commission  
Division of Acute Care

**Standing Waiver for 410 IAC 15-2.3-1(e)(4):  
Waives the requirement for Podiatrists to have hospital admitting privileges**

ISDH HCQRS: Program Advisory Letter

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**PROGRAM ADVISORY SUMMARY**

- ***Effective Date: November 12, 2012***
- ***A standing waiver regarding podiatric admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located is issued to all ambulatory surgical centers licensed in the State of Indiana. Centers will not be required to submit a waiver request for the following state rule if the podiatrist is credentialed and privileged to perform surgical procedures at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located:***

410 IAC 15-2.4-1(e)(4) Ensure that the center maintains a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement, and that all physicians, dentists, and podiatrists performing surgery in the center maintain admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located.

- ***The center must ensure that the center maintains a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement inclusive of podiatric patients.***

Background:

The Indiana State Department of Health (ISDH), Acute Care Division, recognizes that many hospitals do not grant admitting privileges to practitioners licensed as a podiatrist under Indiana Code § 25-29. However, podiatrists are often credentialed and privileged to perform surgical procedures in the surgical departments of the hospital.

Analysis:

Under Indiana Code IC 16-18-2-14, Ambulatory outpatient surgical centers are defined as [emphasis added]:

*Sec. 14. (a) "Ambulatory outpatient surgical center", for purposes of IC 16-21 and IC 16-38-2, means a public or private institution that meets the following conditions:*

*(1) Is established, equipped, and operated primarily for the purpose of performing surgical procedures and services.*

*(2) Is operated under the supervision of at least one (1) licensed physician or under the supervision of the governing board of the hospital if the center is affiliated with a hospital.*

*(3) Permits a surgical procedure to be performed only by a physician, dentist, or podiatrist who meets the following conditions:*

*(A) Is qualified by education and training to perform the surgical procedure.*

*(B) Is legally authorized to perform the procedure.*

***(C) Is privileged to perform surgical procedures in at least one (1) hospital within the county or an Indiana county adjacent to the county in which the ambulatory outpatient surgical center is located.***

*(D) Is admitted to the open staff of the ambulatory outpatient surgical center.*

*(4) Requires that a licensed physician with specialized training or experience in the administration of an anesthetic supervise the administration of the anesthetic to a patient and remain present in the facility during the surgical procedure, except when only a local infiltration anesthetic is administered.*

*(5) Provides at least one (1) operating room and, if anesthetics other than local infiltration anesthetics are administered, at least one (1) postanesthesia recovery room.*

*(6) Is equipped to perform diagnostic x-ray and laboratory examinations required in connection with any surgery performed.*

*(7) Does not provide accommodations for patient stays of longer than twenty-four (24) hours.*

*(8) Provides full-time services of registered and licensed nurses for the professional care of the patients in the postanesthesia recovery room.*

*(9) Has available the necessary equipment and trained personnel to handle foreseeable emergencies such as a defibrillator for cardiac arrest, a tracheotomy set for airway obstructions, and a blood bank or other blood supply.*

*(10) Maintains a written agreement with at least one (1) hospital for immediate acceptance of patients who develop complications or require postoperative confinement.*

*(11) Provides for the periodic review of the center and the center's operations by a committee of at least three (3) licensed physicians having no financial connections with the center.*

*(12) Maintains adequate medical records for each patient.*

*(13) Meets all additional minimum requirements as established by the state department for building and equipment requirements.*

*(14) Meets the rules and other requirements established by the state department for the health, safety, and welfare of the patients.*

*(b) The term does not include a birthing center.*

*As added by P.L.2-1993, SEC.1. Amended by P.L.17-2004, SEC.1; P.L.96-2005, SEC.1.*

Of particular note is the language used at IC 16-18-2-14(a)(3)(C) in which the requirement is “privileged to perform surgical procedures in at least one (1) hospital within the county or an Indiana county adjacent to the county in which the ambulatory outpatient surgical center is located”.

In the rules adopted under 410 IAC 15-2, the requirement that the podiatrist have “admitting” privileges is found at 410 IAC 15-2.3-1(e)(4):

*Ensure that the center maintains a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement, and that all physicians, dentists, and podiatrists performing surgery in the center maintain admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located.*

The overall objective, given the statute and the rule, is that patient care and safety are protected in instances when the patient must be transferred to another provider (hospital) such that the patient is accepted (i.e. admitted) and the practitioner performing the procedure in the ambulatory surgical center can assume the surgical care of the patient in the receiving location. The ISDH believes that the policy as stated herein maintains patient safety visa vie:

1. The ambulatory surgical center must maintain a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement; and
2. In the case of a podiatric patient, the podiatrist has surgical privileges in the receiving facility so that he/she can assume the surgical care once the patient is transferred.

Policy:

1. 410 IAC 15-2.4-1(e)(4) is hereby waived in part such that podiatrist performing procedures in the ambulatory surgical center are not required to have 'admitting' privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located, but must have 'surgical' privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located.

Re-stated: Podiatrists that are credentialed and privileged to perform surgical procedures in the ambulatory surgical center pursuant to Indiana Code must be credentialed and privileged to perform surgical procedures at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located.

2. Podiatrists must provide documentation to the Ambulatory Surgical Center demonstrating that he/she has an agreement with one or more physicians, with admitting privileges at the same hospital in which the podiatrist has surgical privileges, agrees to admit podiatric patients in cases in which a transfer is necessary.

3. Ambulatory Surgical Centers must maintain a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement which includes podiatric patients.

Questions:

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Approved by:

/s/

Terry Whitson, Assistant Commissioner  
Health Care Quality and Regulatory Commission  
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