

4731-25-08

Standards for surgery.

(A) The surgeon of record in an operative case shall personally:

- (1) Evaluate the patient sufficiently to formulate an appropriate preoperative diagnosis;
- (2) Select the operation to be performed in consultation with the patient or with a person authorized to act on the patient's behalf;
- (3) Determine, based on the surgeon's own evaluation, and, as necessary, on consultation with other physicians involved in the patient's care, that the patient is a fit candidate for the operation to be performed;
- (4) Assure that the patient or a person authorized to act on the patient's behalf gives informed consent before the surgery begins;
- (5) Comply with division (B)(6) of section 4731.22 of the Revised Code; and
- (6) Perform or personally supervise the surgery, except those portions of the surgery, if any, which are performed or supervised by another qualified surgeon with the informed consent of the patient.

(B) Management of postoperative medical care is the responsibility of the surgeon of record. The surgeon of record shall fulfill this responsibility in one of the following ways:

- (1) Personally performing the postoperative medical care;
- (2) Delegating postoperative medical care to another physician or physicians who are qualified by training and experience to provide the level of care required, provided that the surgeon of record shall remain primarily responsible for the patient's overall care unless the patient and the other physician have agreed in advance to shift that responsibility to the other physician;
- (3) Delegating defined aspects of the intra-operative and perioperative care to an appropriately trained, supervised and/or credentialed physician assistant, nurse, or allied health care personnel in compliance with applicable standards, provided that the surgeon of record shall retain personal responsibility for the quality of the care rendered by personnel who are under his supervision and control. The surgeon of record shall obtain the patient's fully informed consent, or the consent of a person authorized to act on the patient's behalf, in advance of surgery, before delegating aspects of patient care to a physician assistant, nurse, or allied health care personnel under this paragraph. The surgeon of record need not obtain the patient's informed consent for aspects of care to which the patient has already consented, such as consent to treatment and care by hospital

personnel under an informed consent form signed upon the patient's admission to the hospital; or

- (4) Delegating defined aspects of the intra-operative and perioperative care to licensees of other health regulatory boards who are licensed to provide the scope of practice and the level of care required, provided that the surgeon of record shall remain primarily responsible for the patient's overall care and must examine the patient during the postoperative period.
- (C) This rule shall not be read to transfer any responsibility which currently rests with any other physician, physician assistant with whom the surgeon of record does not have a supervision agreement, nurse, allied health care provider, or institution to the surgeon of record.
- (D) This rule shall not be read to prohibit or interfere with the appropriate training of medical students and physicians in post-graduate training programs, or other personnel.
- (E) The provisions of this rule requiring consultation with or obtaining the informed consent of the patient or a person legally authorized to act on his the patient's behalf do not apply to the extent they would prevent the performance of surgery or other procedures under emergency circumstances.

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Effective:

Five Year Review (FYR) Dates:

Certification

Date

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