through improvement in the patient and family's health literacy (the ability to obtain, understand, and act on health information); for example, providing information that a reasonable patient would want and would need to know that relates to the planned surgical procedure and care to make an informed decision. In addition, when blood or blood products may be needed, information on the risks and alternatives is discussed. The patient's surgeon or other qualified individual, as defined by the hospital, provides this information.

Measurable Elements of ASC.04.01

1. The patient, family, and/or decision-makers are educated on the following elements related to the planned surgical procedure:
   - Name of test, procedure, or treatment covered by the informed consent
   - Name of responsible practitioner(s) performing the procedures(s)
   - Risks and benefits of the planned procedure
   - The likelihood of success, potential complications, the recovery process, and possible results of nontreatment
   - Surgical and nonsurgical options and/or alternatives available to treat the patient
   - The need for, risks and benefits of, and alternatives to blood and blood-product use
2. Ⓓ The patient's surgeon, or other qualified individual as defined by hospital policy, provides and documents the education.

Standard ASC.04.02

Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

Intent of ASC.04.02

A patient's postsurgical care depends on the events and findings of the surgical procedure. Most important, all actions and results essential to the patient's condition are entered in the patient's medical record. Patient information can be presented in various formats, such as templates (either paper or electronic), an operative report such as a written operative progress note, or nursing or other treatment or care service notes. To support a continuum of postsurgical supportive care, the information about the surgery is recorded in the patient's medical record immediately after surgery, prior to the patient being transferred from the surgical or the postanesthesia recovery area. The time immediately after surgery is defined as "upon completion of surgery, before the patient is transferred to the next level of care."

Information may also be contained in other notations in the medical record. For example, amount of blood loss and transfused blood may be recorded in the anesthesia record, or information about implantable devices may be shown using a manufacturer's preprinted sticker. Defining the time immediately after surgery (for example, "upon completion of surgery, before the patient is transferred to the next level of care") ensures that pertinent information is available to the next caregiver. If the surgeon accompanies the patient from the operating theatre to the next unit or area of care, the operative note, template, or progress note can be written in that unit or area of care.

Note: Documentation of information on nonsurgical procedures and treatments, such as invasive diagnostic procedures, interventional treatments, and other diagnostics and treatments, is identified in COP.01.01.

Measurable Elements of ASC.04.02

1. Surgical reports, templates, or operative progress notes include at least the following elements:
   - Preoperative diagnosis and planned procedure
   - Postoperative diagnosis
   - Name of operative surgeon and assistants
   - Procedures performed and description of each procedure findings

- Perioperative complications
- Tubes and/or drains placed intraoperatively
- Surgical specimens sent for examination
- Amount of blood loss and amount of transfused blood
- Date, time, and signature of responsible physician

2. The hospital identifies information that may routinely be recorded in other specific areas of the medical record.
3. The surgical report, template, or operative progress note is available immediately after surgery before the patient is transferred to the next level of care.

Standard ASC.04.03

Patient care after surgery is planned and documented.

Intent of ASC.04.03

Each patient's postsurgical medical and nursing care needs differ depending on the surgical procedure performed and the health history of the patient. Postsurgical care planning can begin before surgery based on the patient's assessed needs and condition and the type of surgery being performed. Some patients may require care from other services, such as physical therapy or rehabilitation; therefore, it is necessary to plan for that care, including the level of care, care setting, follow-up monitoring or treatment, and the need for medication or other treatment and services. The postsurgical plan of care also includes the patient's immediate postoperative needs.

The postsurgical care is planned, documented in the patient's medical record within 24 hours, and verified by the responsible service to ensure continuity of services during the recovery or rehabilitative period. Postsurgical needs may change as the result of clinical improvement or new information from a routine reassessment, or they may be evident from a sudden change in the patient's condition. The plan of care is revised based on these changes and documented in the medical record as notes to the initial plan or as a revised or new plan of care.

Measurable Elements of ASC.04.03

1. All postsurgical care, treatment, and services meet the patient's immediate postsurgical needs.
2. The continuing postsurgical plan(s) is documented in the patient's medical record within 24 hours by the responsible surgeon or verified by a co-signature from the responsible surgeon on the documented plan entered by the surgeon's delegate.
3. The continuing postsurgical plan of care includes care, treatment, and services based on the patient's assessed needs.
4. When indicated by a change in the patient's needs, the postsurgical plan of care is updated or revised based on the reassessment of the patient by the health care practitioners. (*See also* COP.01.01, ME 3)

Standard ASC.04.04

Surgical care that includes the implanting of a medical device is planned with special consideration for how standard processes must be modified.

Intent of ASC.04.04

Surgical procedures involving the implantation of medical devices require that routine surgical care be modified to account for special factors. Surgical procedures that involve the implantation of a medical device are common for many medical specialties. Medical devices have become critical components of health care, not only in their effects on patient morbidity and mortality but also in their ability to extend the quality of life of the patient. An *implantable medical device* is defined as a device that is placed into a surgically or naturally