

JOHN C. LINCOLN DEER VALLEY HOSPITAL
Phoenix, Arizona

DEPARTMENT OF SURGERY RULES AND REGULATIONS

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JOHN C. LINCOLN DEER VALLEY HOSPITAL
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**DEPARTMENT OF SURGERY
RULES AND REGULATIONS**

I. AUTHORITY

The Department of Surgery is organized as specified in Article 8 of the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital.

II. ORGANIZATION OF THE DEPARTMENT

Organization

1. In accordance with the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital, the Department of Surgery is organized as a Department of the Medical Staff.
2. Membership in the Department of Surgery shall consist of members of the Medical Staff whose assignment to the Department by the Credentials Committee has been approved by the Surgery Department, the Medical Executive Committee, and the Board of Directors.

III. DUTIES OF CHAIRMAN AND VICE-CHAIRMAN

Chairman

A Chairman who shall be elected as specified in Article 8.5-2 of the Bylaws, shall direct the Department of Surgery. The Chairman may serve consecutive terms. In addition, the Chairman or Vice-chairman is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

Vice-Chairman

A Vice-Chairman shall be elected as specified in Article 8.5-2 of the Bylaws. The Vice-Chairman may also serve consecutive terms. The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. The Vice-Chairman or designee is responsible for the educational programs for the Department of Surgery.

The duties of the Department Chairman and Vice-Chairman are defined in the Medical Staff Bylaws, Article 8.5-6.

IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the department are as defined in the Medical Staff Bylaws, Article 8.4

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1. Conduct reviews to monitor and evaluate the quality and appropriateness of care and treatment provided by practitioners with privileges in the department and make recommendations based on the results of these reviews;
2. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the department;
3. Report and make recommendations regarding the applications for initial appointment and biennial reappointment of all members to the Executive Committee;
4. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
5. Adopt its own Rules and Regulations to clarify or expand the Medical Staff Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with the Medical Staff Bylaws and shall be subject to approval by the Executive Committee and the Board;
6. Monitor and evaluate the results of the review for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matters of concern to its members. Assist in establishing, with the approval of the Executive Committee, specific methods of patient care review which may include data displays of patient information; chart review of selected cases; consideration of deaths, extended morbidity, unimproved patients, patients with infections, complications, questionable diagnosis of treatment, inadequate consultations, tissue reports from Pathology, record quality, utilization of Hospital facilities including beds, diagnostic, nursing and therapeutic resources, and any other reports believed important for adequate patient care evaluation;
7. Report and make recommendations regarding clinical, quality review and administrative activities to the Executive Committee;
8. Be responsible for conducting and making recommendations regarding continuing medical education programs pertinent to departmental clinical practice;
9. Coordinate the professional services of its members with those of other departments and with the Hospital patient care and support services;
10. Review, on a regular basis, the mortalities within the Hospital, considering from the records of each mortality whether the case had adequate diagnostic evaluation and adequate care and whether the attending and consulting physicians recognized the critical nature of the case and its complications. Written minutes of all meetings shall be maintained;
11. Osteopathic physicians shall subscribe to and utilize the distinctive osteopathic approach in the provision of patient care.

V. MEMBERSHIP AND PRIVILEGES

Physicians applying for Department membership and privileges shall apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws. Members of this Department may be granted privileges in other departments, subject to the Rules and Regulations of those departments.

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Members of other departments may be granted privileges in this Department, subject to evaluation of their experience and training and the Rules and Regulations of this Department.

1. General qualifications for membership are outlined in Article 3 of the Medical Staff Bylaws.
2. Basis for privilege determination is outlined in Article 5 of the Medical Staff Bylaws. Specific requirements will be necessary in granting privileges to the following sub-specialists:
 - Oral/Maxillofacial Surgeons/Dentists - Surgical procedures performed by Oral/Maxillofacial surgeons and dentists are under the overall observation of the Department of Surgery. Applicants in this specialty shall be considered only if they are graduated from a dental school approved by the Commission of Dental Accreditation. An approved school or university is one fully accredited during the time of the practitioner's attendance by the Accreditation Council for Graduate Medical Education (or its predecessor, the Liaison Committee on Graduate Medical Education). An oral surgeon who meets the prerequisite qualifications may be granted the privilege of performing a history and physical examination and assessing the medical risks of the proposed procedure to the patient. Dentists are responsible for the part of their patients' history and physical examination that relates to dentistry. A physician member of the Medical Staff must perform a basic medical appraisal on such patient, must determine the risk and effect of any proposed surgical or special procedure, and must be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization. When significant medical abnormality is present, the final decision whether to proceed must be agreed upon by the Oral/Maxillofacial surgeon or dentist and the physician consultant. The Department of Surgery will decide the issue in the case of dispute.
 - Podiatrists - Privileges granted to podiatrists shall be based on their training, experience and demonstrated current competence and judgment. Surgical procedures performed by a podiatrist are under the overall observation of the Department of Surgery. A podiatrist who meets the prerequisite qualifications may be granted the privilege of performing a history and physical examination and assessing the medical risks of the proposed procedure of the patient. Should a medical problem arise at the time of admission or during hospitalization, a physician member of the Medical Staff must perform a medical appraisal on such patient, must determine the risk and effect of any proposed surgical or special procedure, and be responsible for the care of any medical problem that may be present. When significant medical abnormality is present the final decision whether to proceed must be agreed upon by the podiatrist and the physician consultant. The Department of Surgery will decide the issue in the case of dispute.
3. It shall be the responsibility of the Department to establish specific prerogatives for Allied Health Professionals assigned to the Department of Surgery;
4. Specific criteria for privileges shall be established for each specialty practice and will be attached to the privilege delineation form. The Surgery Department shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Department Chairman shall then recommend to the Credentials Committee, in

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concurrence with the granting, withholding, or limiting of privileges to the applicant based on his/her training and or experience;

5. Staff members within the Department of Surgery requesting an increase in, or wider scope of medical privileges, must do so in writing to the Department chairman stating and including documentation of additional training or experience which might justify such privileges;
6. There shall be a biennial evaluation of all staff members whom have medical privileges as outlined in the Credentialing Manual of the Medical Staff. The biennial reappointment pertaining to the evaluation of one's privileges shall be forwarded to the Credentials Committee in accordance with the Medical Staff Bylaws.
7. Whenever medical privileges are recommended to be reduced or withdrawn, the physician may at his/her option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan in the Medical Staff Bylaws.
8. Any physician under concurrent review, may not request an increase in or additional privileges until the conclusion of the review.

VI. CLINICAL REVIEW

1. Upon the Executive Committee's approval of the applicant's requested privileges, the applicant is granted a "provisional" term as an Associate member of the medical staff to demonstrate his/her clinical and case management expertise. This requirement is mandated to:
 - a. Further the quality of patient care required of staff members prior to advancement from associate status.
 - b. Provide additional information regarding the applicants clinical ability before permanent privileges are considered or granted.
2. Should any question arise concerning a physician's competency in or management of a particular case, or if a reviewer finds any deficiencies, it is his/her responsibility to immediately bring it to the attention of the Chairman of the Surgery Department, who shall review the case and may request review by another reviewer.
3. The department does not have formal observation requirements; however, observation/retrospective review may be required if determined necessary for new procedures under development.
4. The department reserves the right to require concurrent observation or retrospective review, if circumstances warrant such action, for a specified number of cases of a given type, to any member of the department of Emergency Medicine, pending re-evaluation of that member's privileges.

VII. MEETINGS AND ATTENDANCE

The Chairman of the Department of Surgery shall preside at all meetings. In his/her absence, the Vice-Chairman of the Department will preside. The Surgery Department shall meet as

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necessary to perform such functions and to carry out the business of the Department. The Department shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained.

A quorum shall be present at all meetings to make recommendations, and/or take actions. A quorum is defined as those voting members present. Attendance at all Department meetings shall be maintained and recorded by the Medical Staff Services Department.

1. **Subcommittees and Ad Hoc Committees:** Subcommittees or Ad Hoc Committees may be appointed by the Chairman as deemed necessary to carry out specific functions, subject to approval of the Department. The Chairman of the Department or any subcommittees or ad hoc committees shall be responsible for maintaining a permanent record of meetings, actions, recommendations, and attendance which, of the latter two, shall be submitted to the Department and kept in the Medical Staff Services Department.

VIII. ANESTHESIA SECTION

Organization

In accordance with the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital, the Anesthesia Section shall be a sub-section of the Department of Surgery and shall consist of members of the Medical Staff whose assignment to the Anesthesia Section by the Credentials Committee has been approved by the Surgery Department, the Medical Executive Committee, and the Board of Directors.

Chairman

A Chairman who shall be elected as specified in Article 8.5-2 of the Bylaws, shall direct the Anesthesia Section. The term of office for a Chairman is two years and a chairman may serve consecutive terms. In addition, the Chairman or Vice-chairman is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

Vice-Chairman

A Vice-Chairman shall be elected as specified in Article 8.5-2 of the Bylaws. The Vice-Chairman may also serve consecutive terms. The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. The Vice-Chairman or designee is responsible for the educational programs for the Anesthesia Section.

The duties of the Department Chairman and Vice-Chairman are defined in the Medical Staff Bylaws, Article 8.5-6.

Responsibilities, Functions and Duties of the Anesthesia Section

1. To ensure the scope and practice of anesthesiology within John C. Lincoln Deer Valley Hospital. This shall include pre-operative and post-operative care, and the welfare of the patient, the level of quality of service performed, the facilities, equipment and procedures permitted;
2. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the Anesthesia Section.

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3. To review the credentials and training of all new applicants for anesthesia privileges and to make recommendations to the Department of Surgery regarding appointments and privileges to be granted;
4. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
5. To review, biennially, the quality of anesthesia service given by the members of the Section and to make recommendations to the Department of Surgery regarding privileges to be given, withheld or limited for the ensuing two years in accordance with Medical Staff Bylaws;
6. Review, on a regular basis, the mortalities within the Hospital, considering from the record of each mortality, whether the case had adequate diagnostic evaluation and adequate care and whether the attending and consulting physicians recognized the critical nature of the case and its complications. Written minutes of all meetings shall be maintained.
7. Monitor and evaluate the results of the review for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matters of concern to its members. Assist in establishing, with the approval of the Executive Committee, specific methods of patient care review which may include data displays of patient information; chart review of selected cases; consideration of deaths, extended morbidity, unimproved patients, patients with infections, complications, questionable diagnosis of treatment, inadequate consultations, tissue reports from Pathology, record quality, utilization of Hospital facilities including beds, diagnostic, nursing and therapeutic resources, and any other reports believed important for adequate patient care evaluation;
8. To conduct or participate in, and make recommendations regarding, the need for Continuing Medical Education programs pertinent to changes in state-of-the-art practice and to findings of review and evaluation of activities.
9. Coordinate the professional services of its members with those of other departments and with the Hospital patient care and support services;
10. To annually review all policies and procedures as related to anesthesia; and
11. Osteopathic physicians shall subscribe to and utilize the distinctive osteopathic approach in the provision of patient care.

Membership and Privileges

Physicians applying for Anesthesia Section membership and privileges shall apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws. Members of this Section may be granted privileges in other departments, subject to the Rules and Regulations of those departments. Members of other departments may be granted privileges in this Department, subject to evaluation of their experience and training and the Rules and Regulations of this Department.

1. General qualifications for membership are outlined in Article 3 of the Medical Staff Bylaws.

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2. Basis for privilege determination is outlined in Article 5 of the Medical Staff Bylaws.

3. Specific criteria for privileges shall be established as warranted and will be attached to the privilege delineation form;
4. The Anesthesia Section shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Section shall recommend to the Department, who shall then recommend to the Credentials Committee, the granting, withholding or limiting of privileges to the applicant based on his/her training and/or experience.
5. Staff members within the Anesthesia Section requesting an increase in, or wider scope of privileges, must do so in writing to the Section stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria;
6. There shall be a biennial evaluation of all staff members who have anesthesia privileges as outlined in the Credentialing Manual of the Medical Staff Bylaws.
7. Whenever anesthesia privileges are recommended to be reduced or withdrawn, the anesthesiologist may at his option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan of the Medical Staff Bylaws.
8. Any physician under concurrent review may not request an increase in or additional privileges until the conclusion of the review.

Observation Requirements

The Anesthesia Section does not have formal observation requirements; however, observation/retrospective review may be required if determined necessary for new procedures under development.

The Anesthesia Section reserves the right to require concurrent observation or retrospective review if circumstances warrant such action, for a specified number of cases of a given type, to any member of the Anesthesia Section, pending re-evaluation of that member's anesthesia privileges.

Meetings and Attendance

The Chairman of the Anesthesia Section shall preside at all meetings. In his/her absence, the Vice-Chairman of the Section will preside. The Anesthesia Section shall meet as necessary to perform such functions and to carry out the business of the Section. The Section shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained.

A quorum shall be present at all meetings to make recommendations, and/or take actions. A quorum is defined as those voting members present. Attendance at all Section meetings shall be maintained and recorded by the Medical Staff Services Department.

VIII. SPECIFIC POLICIES AND PROCEDURES

- A. The operating surgeon or his/her designee shall be responsible to enter daily progress and notes post-operatively until signed off the case.

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- B. As to whether or not an assistant is required, the American College of Surgeons (ACS) Guidelines for the use of assistants has been adopted by the Department.
- C. The assistant must be present at the time of incision.
- D. Anyone requesting to observe in surgery must have the approval of the patient, the surgeon, the anesthesiologist, and the Manager of Surgical Services. Because of the high risk of infection involved in certain procedures (i.e., hearts, valves, total hips), requests may be denied.
- E. Residents may function in accordance with the rules and policies governing the residency program.
- F. Please refer to "Protocol for Scheduling Surgery" for additional information.
- G. **Emergency call**
 - 1. Emergency call is mandatory for all physicians who practice anesthesia. Daily call is from 5 p.m. to 7 a.m.; weekend call is from 7 a.m. to 7 a.m. Call is voluntary for any anesthesiologist age 65 and older.
 - 2. Emergency call is mandatory for all general surgeons. Call is scheduled daily.

VIII. MISCELLANEOUS PROVISIONS

Recognizing that all possible situations cannot be foreseen and addressed within these Rules and Regulations, the Chairman of the Surgery Department or designees is authorized to take any action in an emergency, which is indicated by the circumstances.

IV. AMENDMENTS

These Rules and Regulations shall be reviewed biennially by the Surgery Department and must be approved by the Medical Executive Committee of the Medical Staff and the Board of Directors of John C. Lincoln Deer Valley Hospital. Amendments to these Rules and Regulations will require approval by the Medical Executive Committee and the Board of Directors of John C. Lincoln Deer Valley Hospital.

APPROVED: 3/13/07