

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 North Mountain Hospital, as restated February, 1994.

II. ORGANIZATION OF THE DEPARTMENT

A. Membership

Membership in the Department shall consist of members of the Medical Staff whose assignment to the Department by the Credentials Committee has been approved by the Department of Surgery Committee and the Medical Executive Committee and the Governing Body. Members of this Department 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.

B. Officers

The Department of Surgery shall be supervised by a Chairman. The Chairman shall be elected as specified in Article 8.4-2 of the Medical Staff Bylaws. The Chairman may serve a maximum of two consecutive terms.

C. Committees

1. Surgery Committee:

The Chairman of the Department of Surgery, in concurrence with the Chief of Staff, shall appoint at least ten active members of the Department to serve on the Surgery Committee. Membership on the Committee shall include a broad representation of the various surgical specialties and shall include representatives from pathology, trauma, and anesthesia as stated in Section VIII of these Rules and Regulations. The Chairman of the Department of Surgery shall preside at all meetings. In his absence, the Vice-Chairman of the Department will preside. The Surgery Committee shall meet no less than quarterly to perform such functions and shall carry on business of the Department as specified in the Rules and Regulations. The Surgery Committee shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained. The Committee shall:

- a. Observe the clinical work of the members of the Department of Surgery, making appropriate recommendations or taking actions to improve the quality of patient care within the Department; and

- b. Make recommendations to the Medical Executive Committee regarding staff appointments, reappointments and privileges.

2. **Anesthesia Section** (Reference Section VIII)

3. **Trauma Performance Improvement Committee**

This Committee, whose chairman is the Medical Director of Trauma Services, is a multidisciplinary committee which:

- a. Oversees quality assessment and improvement activities, treatment protocols, and issues related to trauma patient management.
- b. Any proposed corrective action involving a member of the Department of Surgery is referred to the Department of Surgery and/or the Professional Review Committee (PRC) for further review and action.

4. **Allied Health**

Definition of Allied Health Personnel: Other licensed individuals who are not members of the Medical Staff, but who are permitted by law and by the Hospital to provide patient care services independently, but who are not physicians or dentists and who are not functioning as an employee of John C. Lincoln Hospital.

The use of non-physician practitioners by members of the surgical staff, in good standing, in the care of Hospital patients will be upon the recommendation of the Surgery Committee, approval of the Executive Committee and the Board of Directors. The qualifications, training, and position summary must be outlined by the Surgery Committee in advance for each such individual. Without limiting the foregoing, the term "Allied Health Personnel" includes, but is not limited to: Cardiac Perfusionists, Private Scrubs, Non-Physician Surgical Assistants, and Physician Assistants.

5. **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, to the Executive Committee and maintained in the Medical Staff Office. Peer Review shall be conducted in accordance with Article Six of the Medical Staff Bylaws.

D. **Meetings and Attendance**

The Department of Surgery shall hold regular meetings, of which the time and place shall be determined by the Chairman of the Department of Surgery. A quorum shall be present to make recommendations,

and/or take actions. A quorum is defined as those voting members present. Attendance of all department and committee meetings shall be maintained and recorded by the Medical Staff Office.

III. DUTIES OF THE CHAIRMAN AND VICE CHAIRMAN

The duties of the Department Chairman and Vice Chairman are defined in the Medical Staff Bylaws, Article 8.4-5.

The Chairman is responsible for initial review for all requests for medical staff appointment.

The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. In addition, the Vice-Chairman is responsible for reviewing all requests for reappointment to the Department. (9/14/10)

IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the Department are defined in the Medical Staff Bylaws, Article 8.3:

1. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the department;
2. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
3. Adopt its own Rules and Regulations to clarify or expand the Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with these Bylaws and shall be subject to approval by the Executive Committee and the Board;
4. 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;
5. Be responsible for the conducting of continuing education, within the department;
6. Coordinate the professional services of its members with those of other departments and with the Hospital nursing and support services;
7. Report and make recommendations regarding clinical, quality review and administrative activities to the Executive Committee;
8. Establish a department committee and any subcommittees as are necessary to perform functions required of it. The composition and method of selection of the department committees and subcommittee members shall be defined within the Department Rules and Regulations;
9. Review and act on all reports from the Sections and Subcommittees and the Trauma Performance Improvement Committee (TPIC); **(Effective 9/14/10)**

10. Formulate Policy and Procedures for the day-to-day operation of the Department; and
11. Establish indicators to monitor and evaluate patient care at its meetings, to identify problems and subsequent resolution.

V. DELINEATION OF PRIVILEGES

In order to maintain appropriate standards in the practice of medicine, and in order to maintain quality care for patients, the Department of Surgery shall establish, maintain and routinely review criteria for granting privileges to members of the Department of Surgery.

A. Criteria for Granting Privileges: All Surgery Specialties and Subspecialties

1. All new applicants for privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. All new applicants shall be considered only if they are certified or an active candidate in their declared surgical specialties as recognized by the American Board of Medical Specialties, the American Osteopathic Board, the Royal College of Surgeons (Canada), the American Board of Oral Surgery, or the American Board of Podiatric Surgery.
 - a. Dental 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).
 - b. Medical Podiatry Privileges: Applicants for medical podiatry privileges must have graduated from a college of Podiatric Medicine accredited by the Council on Podiatric Education.
2. Specific criteria for privileges shall be established for each specialty practice and will be attached to the privilege delineation form.
3. It shall be the responsibility of the Department to establish position summaries for Allied Health Professionals assigned to the Department of Surgery, in accordance with Article XIII of the Medical Staff Bylaws;
4. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria;
5. There shall be a biennial evaluation of all staff members who have surgery privileges as outlined in the Credentialing Manual of the Medical Staff Bylaws; and

6. Whenever surgical privileges are recommended to be reduced or withdrawn, the physician may have at his option, appeal the proposed action following the procedures as outlined in the Fair Hearing Plan of the Medical Staff.

B. Criteria for Assisting at Cardiac Surgery Procedures

1. Physician Assistants (PA) and Registered Nurse First Assistants (RNFA), who are qualified and meet established criteria, may function as First and/or Second Assistant for cardiac procedures.
2. The cardiac surgeon will be responsible for supervising personnel acting as his first assistant, in accordance with the established Allied Health observation protocol.

VI. CLINICAL REVIEW

Upon the Medical Executive Committee's approval of the applicant's requested privileges, the applicant is granted "provisional" privileges to demonstrate his/her current clinical and case management expertise. This requirement is mandated to:

1. Further the quality of patient care required of staff members prior to the advancement from provisional status.
2. Provide additional information regarding the applicant's clinical ability before permanent privileges are considered or granted.
3. All approved requests for special procedures have a specified number of cases to be retrospectively reviewed as defined by the Surgery Committee if determined to be necessary.
4. At its discretion, the Surgery Committee may require observation in a specified number of cases of a given type of any member of the Medical Staff pending re-evaluation of the member's surgical privileges.

A. OBSERVATION REQUIREMENTS

1. Observation requirements (concurrent and/or retrospective) for all surgeons appointed to staff have been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

VII. SPECIFIC POLICIES AND PROCEDURES

- A. The operating surgeon or his/her designee shall be responsible to enter daily Progress Notes post-operative until signed off the case.
- 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 Director of Inpatient or Outpatient Surgery. 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 Policy #A. 8711-508.
- F. The Operating Supervisor may suggest which cases should be bumped. Surgeon-to-surgeon communication is required to change the schedule. If there is a disagreement, it will be referred to the Chairman of the Department of Surgery.
- G. If emergency surgery is required while trauma surgery is in process, the trauma physician and the surgeon who has a non-trauma emergency case must discuss and resolve the issue of which surgery should begin immediately and which should be delayed until the back-up teams arrives.
- H. Priority Scheduling Designation for Stereotaxis Procedures
 - 1. Any cranial case for mass lesion
 - 2. C₁ and C₂ transarticular screws, odontoid screws, transthoracic screws
 - 3. Trauma spine surgery
 - 4. Surgeon-to-surgeon communication is required to resolve conflicts in scheduling this equipment.
- I. Within the Department of Surgery, pediatrics patients are defined as less than 15 years of age.
- J. Fasciitis: A plastic surgeon or orthopedic surgeon is to be called for surgery on hand and/or feet. All other areas of the body can be managed by the general surgeon. (2/8/11 Approved)
- K. Admitting Privileges
All members of the Department of Surgery shall be granted admitting privileges with the following **exceptions:**
 - 1. Anesthesiology (May admit for Pain Management only)
 - 2. Podiatry
 - 3. General Dentistry
 - 4. Endodontics
 - 5. Orthodontics
 - 6. Pathology
 - 7. Pediatric Dentistry
 - 8. Periodontics
 - 9. Surgical Assistants

L. Emergency Call Requirements

Within the Department of Surgery, each of the sub-specialties shall be responsible for establishing specific criteria for taking Emergency Call with the approval of the Surgery Committee.

Mandatory Call

The specialties listed below require mandatory call unless any of the following criteria are met:

- Any physician who is age 60 or older;
- Any physician who has been a member of the Medical Staff for more than 20 years
- Any physician whose health prevents him/her from taking emergency

ER call consults will be the responsibility of the physician that is on call at the time the call is made.

Cardiac/Thoracic Surgery

All members of the Medical Staff with Cardiac/Thoracic Surgery privileges who perform 5 or more cases annually are required to participate in this rotation.

Ophthalmology

All members of the Medical Staff specializing in General Ophthalmology are required to serve on the Emergency Room call rotation.

Urology

All members of the Medical Staff specializing in Urology are required to serve on the Emergency Room call rotation.

******All other specialties participate in Voluntary Call******

VIII. ANESTHESIA SECTION

A. **Organization**

Anesthesia shall be a sub-section of the Department of Surgery of the Medical Staff. Its members shall be those assigned to it by the Credentials Committee who have been approved to the Medical Staff by the Board of Directors.

B. **Chairman and Vice Chairman**

The Chairman of the Anesthesia Section will be elected during an election year by anesthesiologists who are Active members of the Section, with final approval by the Chief of Staff.

The Anesthesia Section shall be supervised by a Chairman. The Chairman shall be elected as specified in Article 8.4-2 of the Medical Staff Bylaws. The Chairman may serve a maximum of two consecutive terms. A Vice-Chairman shall be elected as specified in Article 8.4-2 of the Bylaws, and may also serve two consecutive terms.

The Chairman is responsible for initial review for all requests for medical staff appointment. The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. In addition, the Vice-Chairman is responsible for reviewing all requests for reappointment to the Department.

C. Meetings

The Anesthesia Section will meet and report routinely to the Department of Surgery Committee. Attendance at these meetings will constitute the requirement of attendance at department meetings.

D. Responsibilities, Functions and Duties of the Anesthesia Section

1. To conduct supervision over anesthesiologists and the practice of anesthesiology within John C. Lincoln 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. To review the credentials and training of all new applicants for anesthesiology privileges. To make recommendations to the Department of Surgery Committee regarding appointments and privileges to be granted to applicants;
3. To review, biennially, the quality of anesthesia service given by the members of the Section and make recommendations to the Department of Surgery Committee regarding privileges to be given, withheld or limited for the ensuing two years in accordance with the Medical Staff Bylaws;
4. To conduct or participate in, and make recommendations regarding the need for Continuing Medical Education programs pertinent to changes in the state-of-the-art and to findings of review and evaluations activities;
5. To establish indicators to monitor and evaluate peer review at the meetings to identify problems and subsequent resolution; and
6. To annually review all policies and procedures as related to anesthesia.

E. Criteria for Granting Privileges

1. All new applicants shall be considered only if they are Board Certified by or an active candidate in the system of the American Board of Anesthesiology, the Osteopathic Board of Anesthesiology, or the Royal College of Physicians and Surgeons of Canada or England;

2. Specific criteria for privileges shall be established as warranted;
3. Staff members within the Anesthesia Section requesting an increase in, or wider scope of anesthesia 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;
4. 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; and
5. Wherever anesthesia privileges are recommended to be reduced or withdrawn, the anesthesiologists may at his option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan of the Medical Staff.

B. OBSERVATION REQUIREMENTS

1. Observation requirements (concurrent and/or retrospective) for all anesthesiologists appointed to staff have been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Anesthesia Section reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

IX. AMENDMENTS

These Rules and Regulations must be reviewed biennially by the Department of Surgery and must be approved by the Medical Executive Committee, and the Board of Directors.

Amendments to these Rules and Regulations require approval by the Medical Executive Committee and the John C. Lincoln North Mountain Hospital - Board of Directors.

_____	February 8, 2011
Chairman - Department of Surgery	Date
_____	February 24, 2011
Chairman - Medical Executive Committee	Date
_____	March 3, 2011
Board of Directors	Date

5/4/2006 – Page 4 revised: #9 – add Endovascular and Neurosurgery, and eliminate CVT

5/4/2006 – Page 7 revised; – Mandatory ENT call eliminated

7/11/2006 – Page 7 revised: Fasciitis issue

9/7/2010 Page 3, 4, 6, 8, and 9 revised; chair/vice roles and call schedule update

4/12/2011 page 2 revised; removal of subcommittees, page 4 revised, page 7 revised; pediatric age defined, call revision