



SURGERY DEPARTMENT RULES AND REGULATIONS

1.0 MEMBERSHIP

The Department of Surgery shall consist of those members of the Medical Staff of the Banner Boswell Medical Center who have been appointed to the Department by the Board, as recommended by the Medical Executive Committee in conformity with the Bylaws, and the Rules and Regulations Policy Manual of the Medical and Affiliate Staff of the Banner Boswell Medical Center.

2.0 OFFICERS

A Chief of Surgery and a Vice-Chief of Surgery will be elected as outlined in the Rules and Regulations Policy Manual.

3.0 DUTIES OF OFFICERS

A. Chief of Surgery

In addition to the duties outlined in the Rules and Regulations Policy Manual:

1. The Chief of Surgery shall preside at Department of Surgery meetings.
2. The Chief of Surgery, with the approval of the Medical Executive Committee, shall appoint members of the Critical Care Committee and any other ad hoc committees deemed necessary to conduct the business of the Department.

B. Vice Chief of Surgery

1. The Vice Chief of Surgery shall assume the duties of the Chief of Surgery in his/her absence.

4.0 MEETINGS

The Department of Surgery shall meet at least quarterly.

5.0 SECTIONS

The Department of Surgery shall include those Sections as delineated in the Medical Staff Bylaws. Rules and Regulations of the Sections shall be included as addenda to these Rules and Regulations.

6.0 SURGERY COMMITTEE

For the purpose of conducting departmental business, the Chief of Staff, in conjunction with the Chief of Surgery, shall appoint a Surgery Committee in accordance with Article VII of the Rules and Regulations Policy Manual. The Chief of Staff and the Chief of Surgery may, at their discretion, appoint more than two members of the department to this committee. Ex-officio members without vote may include the Chief of Staff, the CEO, Chief Nursing Officer, and the Director of Perioperative Services. The Chief of Surgery will act as Chairman of the Surgery Committee. The Vice Chief will assume the duties and responsibilities of the Chief of Surgery in the Chair's absence and any other responsibilities determined by the Chief of the Department.

A. Duties of the Surgery Committee:

1. Conduct business for the Department of Surgery between Departmental business meetings, subject to review and approval by the next scheduled Department business meeting.
2. Conduct organized monthly committee meetings and submit written reports of the meetings to the Department of Surgery.
3. The Surgery Committee shall insure timely ongoing assessment of the quality of surgical care through routine quality review activities including; investigation of referrals from members of the medical staff, administration, and/or from the Director of Perioperative Services, routine quality review activities will that meet regulatory and accreditation requirements, (invasive procedures review, medication usage evaluation, blood usage review, medical records timeliness and clinical pertinence review) and other routine reviews including; discrepancy between autopsy results and diagnosis, discrepancy between preoperative, postoperative and pathologic diagnosis, infection control results, utilization review (appropriateness, efficacy and efficiency measures), risk management, including sentinel events and incident report summaries, comparative outcome data, ethics considerations, and patient satisfaction feedback. The Surgery Committee/Department will conduct these reviews in accordance with the Medical Staff and Hospital Performance Improvement plans.

7.0 CRITICAL CARE COMMITTEE

A. Duties of the Critical Care Committee:

Members of this multi-disciplinary committee shall be appointed by the Chief of Medicine and Chief of Surgery in conjunction with the Chief of Staff.

The Committee will oversee the functioning of the critical care areas considering staffing, policies and equipment matters.

1. The committee will meet at least quarterly.
2. The committee will establish written policies for operation of the unit to meet requirements of accrediting bodies and the Department of Surgery and Medicine.
3. The Committee will evaluate the quality of care and make recommendations to the Surgical Committee in cases where the standard of care is thought by the Critical Care Committee to be questionable.

8.0 SURGICAL PRIVILEGES

The privileges of all applicants and members of the Department shall be in conformity with the Medical Staff Bylaws and the Rules and Regulations Policy Manual of the Banner Boswell Medical Center. Current approved clinical privileges for each physician will be available to the staff of the Surgical Services Department for reference.

Members of the Department of Surgery who are suspended for reasons of incomplete medical records or other reasons may not perform inpatient or outpatient surgery. Exceptions to perform surgery may be given when an emergency situation exists and to meet Emergency Department Unassigned Patient Call Rotation requirements.

All privileges delineation forms for the Department of Surgery include commonly performed procedures in treating patients within Banner Boswell Medical Center's scope of service. The lists are only representative of the respective specialty practice and may not be the entire scope of the skills practiced in the specialty. As the lists are representative, there may be other similar

procedures that will fall within the scope of procedures on the privilege delineation form. Any questions on privileges shall be referred to Medical Staff Services to contact the Department Chairman for clarification.

- A. Supervision or observation may be required:
 - 1. As required by established eligibility criteria.
 - 2. As an evaluation tool to determine a practitioner's performance; or
 - 3. As deemed appropriate pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.

- B. An observer shall be with the observed surgeon through the critical portion of each surgical procedure. Observers will complete an observation report for each procedure observed. Where observation is required to established privilege eligibility or as an evaluation tool, the observation reports will be used for assessment in formulating a recommendation whether to recommended unobserved or observed privileges or to recommend corrective action.

9.0 PRIVILEGE ELIGIBILITY CRITERIA:

Privilege eligibility criteria can be found in the Medical Staff Privilege Eligibility Criteria Document which is an appendage to the Medical Staff Bylaws.

10.0 BUMPING

If a surgeon has a very urgent case in which delay of surgery may harm the patient either by risk of increased morbidity or mortality, then he/she should directly (personally) inform the surgeon whose case is to be bumped and proceed with the urgent case. If there is any problem in bumping another surgeon, the Chief of Surgery or designee should be contacted, who shall resolve the conflict immediately.

11.0 PRE AND POST-OPERATIVE CARE

The pre and post-operative care is the total responsibility of the operating surgeon who is expected to carry it out in accordance with the guidelines of the American College of Surgeons.

12.0 DISCHARGE OF OUTPATIENTS FOLLOWING OUTPATIENT SURGERY WITH ANESTHESIA

Any patient who has received anesthesia, other than local anesthesia, is examined before discharge and is accompanied home by a designated person in accordance with hospital policy and discharge criteria established by the Anesthesia Section. The examination is performed by an anesthesiologist or a CRNA and the patient is to be discharged from the PACU. The anesthesiologist or CRNA will ensure that the patient is given adequate post-anesthesia recovery instruction.

13.0 SURGICAL CASES PROTOCOL

- A. The use of a qualified assistant is at the discretion of the operating surgeon.
- B. Surgeons must be in the operating suite and ready to commence surgery at the time scheduled. The operating suite will not be held longer than fifteen (15) minutes after the time scheduled.
- C. If a physician is 15 minutes late or more on the average of three times in one month, they will forfeit all 7:20 a.m. start time for the following month.

- D. Invasive procedures are performed only after a history, physical examination, any indicated diagnostic tests, and the preoperative diagnosis have been completed or updated and recorded in the patient's medical record as required by the Medical Staff Rules and Regulations. When such history and physical examinations are not in the patient's medical record as required before the time stated for the procedure, the procedure shall be canceled. In emergency situations in which there is inadequate time to record the history and physical examination before the procedure, a brief note, including the preoperative diagnosis, is recorded before the procedure.
- F. A brief note containing the following elements must be immediately documented in the record following a procedure: physician name, pre-procedure diagnosis, post procedure diagnosis, procedure performed, findings, estimated blood loss and complications. A more complete summary of the procedure may be written or dictated and must be authenticated by the physician performing the procedure and would be in addition to the immediate post procedure note.

14.0 ON-CALL RESPONSIBILITY

The members of the department shall respond to a colleague's life threatening emergency surgical situation.

- A. There is Mandatory ER On-Call coverage for all sub-specialties. Each surgeon will be required to provide one day of ER On-Call coverage per month (ER On-Call requirement acknowledge by the Board 12/05). Physicians may volunteer for additional days of Call. This is in accordance to the Medical Staff Bylaws ARTICLE V, Section 5.
- B. SURGEONS OVER SIXTY (60) YEARS OF AGE WILL NOT BE SUBJECT TO MANDATORY ER CALL.
- C. Surgeons who do not notify the Medical Staff Services Department prior to the publication of the ER call schedule that they wish to withdraw from the call because they meet the age exception will be required to complete their assigned call or provide alternate coverage. Unless a health issue precludes a surgeon from completing a call rotation, Surgeons who reduce their privileges after the mandatory call is published will be required to find coverage for their assigned ER call.
- D. All Applicants to the Department of Surgery as of January 2006 will be required to provide General Surgery Emergency Call if they are trained in General Surgery and not Board Certified or Board Eligible in a recognized subspecialty.
- E. Effective February 2008 Orthopedic Surgeons who have hand procedure privileges and have not excluded hand procedure privileges from their General Orthopedic Core are required to provide one day of hand call per month. The one day of hand call per month will be scheduled in conjunction with their one day of General Orthopedic call whenever feasible.
- F. Exemption from mandatory surgical call at Boswell Medical Center may be approved under the following circumstances:
 - If privileges requested are in recognized subspecialty and/or less than the basic department/section privileges:
 - o The requesting physician may not have higher level privileges at another facility and:
 - o Cannot take call at another facility unless that facility has a specific subspecialty call schedule for that category; OR
 - o Finds other physicians willing to accept the call rotation of the requesting surgeon. (In the event other physicians no longer cover the call rotation, the requesting physician must accept full call schedule coverage or voluntarily resign from the staff.)

- G. Effective October 2008 Each Orthopedic surgeon is to take his/her assigned call dates with substitutions only being made upon notice that the surgeon will be out of town on the assigned date⁴ and in circumstances when the surgeon is ill or already in surgery. Surgery may be performed by another surgeon when it is in the best interest of quality patient care and/or patient safety.

15.0 REVISIONS

The Rules and Regulations of the Surgical Department and the delineated Sections under the Department will be reviewed and revised, if necessary, every two years.

APPROVED:

Surgery Department	09/17/2007	
Medical Executive Committee	10/02/2007	
Board	10/18/2007	
Surgery Department	12/17/2007	(Addition of Ortho/Hand Call Coverage Requirement.)
Medical Executive Committee	01/01/2008	
Board	01/17/2008	
Surgery Committee	02/18/2008	
Surgery Department	03/17/2008	
Medical Executive Committee	04/01/2008	
Board	04/17/2008	
Surgery Committee	05/19/2008	
Surgery Department	06/16/2008	
Medical Executive Committee	07/02/2008	
Board	07/17/2008	
Medical Executive Committee	08/12/2008	
Board	08/13/2008	
Surgery Committee	08/18/2008	
Surgery Department	09/15/2008	
Medical Executive Committee	10/07/2008	
Board	10/09/2008	
Surgery Committee	11/18/2008	
Surgery Department	12/15/2008	
Medical Executive Committee	01/06/2009	
Board	01/15/2009	
Surgery Committee	01/20/2009	(Revision to hand call requirement, removal of
Surgery Department	03/17/2009	privilege eligibility criteria moved to eligibility
Medical Executive Committee	04/07/2009	document and various rules and regs revisions.)
Board of Directors	04/09/2009	