



SURGERY DEPARTMENT RULES AND REGULATIONS

I. 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.

A. BOARD CERTIFICATION

1. Current staff members who are Board certified must remain Board certified.
2. A staff member will have five (5) years from completion of training to obtain Board certification or sooner as required by the department. Exceptions to the five (5) year requirement include:
 - a. Thoracic and Cardiovascular surgeons who have been required to obtain certification within five (5) years of appointment and maintain continuous board certification.
 - b. Podiatrists must become board qualified/certified by the ABPOPPM or ABPS within five (5) years of completion of an accredited residency program.
 - c. Applicants for Vascular Surgery privileges:
 - i. Surgeons on staff prior to November 12, 2015 with vascular surgery privileges must be board certified or eligible in General, Thoracic or Vascular Surgery.
 - ii. Surgeons applying for vascular surgery privileges after November 12, 2015 must be board certified or board eligible with certification within five (5) years of completion of training in Vascular Surgery by the American Board of Surgery. Surgeons who are board certified in General Surgery and who have completed a 12-month fellowship in vascular surgery may apply for a waiver, which must be approved by a 2/3 vote of the Department of Surgery and 2/3 vote of the Medical Executive Committee.
3. If a staff member's Board certification (or recertification) lapses, he/she will have two (2) years to complete the recertification process, unless continuous certification is already required (Thoracic, Cardiovascular Surgeons, Pathology).
4. Physicians who were on staff prior to certification requirements being approved by the Board of Directors (September 2008), who were not Board certified at that time, are grandfathered and excluded from Board certification requirements with the exception of Thoracic and Cardiovascular surgeons who have been required to obtain certification within three (3) years of appointment and maintain continuous board certification.

B. ASSIGNMENT TO DEPARTMENTS

The following specialties will be assigned to the Department of Surgery:

Anesthesiology	Ophthalmology
Cardiovascular/Thoracic Surgery	Oral Maxillofacial Surgery
Colon Rectal Surgery	Otolaryngology (ENT)
General Surgery	Orthopedic Surgery
Gynecology	Pain Management
Gynecologic Oncology	Plastic Surgery
Hospice/Palliative Care	Podiatry
Neurological	Urology
Vascular Surgery	

II. OFFICERS

A Chairman of Surgery and a Vice-Chairman of Surgery will be elected as outlined in the General Medical Staff Rules and Regulations Policy Manual.

III. DUTIES OF OFFICERS

A. CHAIRMAN OF SURGERY

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

1. The Chairman of Surgery shall preside at Department of Surgery meetings.
2. The Chairman 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 CHAIRMAN OF SURGERY

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

IV. MEETINGS

The Department of Surgery shall meet at least quarterly.

V. 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.

VI. FUNCTIONS OF THE DEPARTMENT

Departments shall continually seek to improve quality of care in accordance with the Department responsibilities outlined in the Medical Staff Bylaws Article Eight Section 8.3.

VII. SURGERY COMMITTEE

For the purpose of conducting departmental business, the Chief of Staff, in conjunction with the Chairman of Surgery, may appoint a Surgery Committee. The Chief of Staff and the Chairman 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 Chairman of Surgery will act as Chairman of the Surgery Committee. The Vice Chief will assume the duties and responsibilities of the Chairman of Surgery in the latter'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 committee meetings and submit written reports of the meetings to the Department of Surgery.

VIII. 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 Chairman of Surgery in conjunction with the Chief of Staff.

1. The Committee will oversee the functioning of the critical care areas considering staffing, policies and equipment matters.
2. The committee will meet at least quarterly.
3. The committee will establish written policies for operation of the unit to meet requirements of accrediting bodies and the Department of Surgery and Medicine.
4. 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.

IX. SURGICAL PRIVILEGES

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- A. The privileges of all applicants and members of the Department shall be in conformity with the Medical Staff Bylaws and the Rules and Regulations of the Banner Boswell Medical Center. Current approved clinical privileges for each physician will be available to the staff of the Surgical Services Department.
- B. 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 requirements.
- C. 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.
- D. 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.

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 recommend unobserved or observed privileges or to recommend corrective action.

If an observer believes that an observed surgeon is performing in a manner that will result in imminent harm to the patient, the observer may intervene in the surgery and assume care for the patient.

- E. **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**
All members of the Department are subject to a Focused Professional Practice Evaluation (FPPE).
 - 1. A retrospective review of five (5) cases, performed at Banner Boswell Medical Center, must be completed. The five (5) cases must be major surgical procedures for the physician's specialty, e.g., cholecystectomy, etc. for a general surgeon.
 - a. Three months after a practitioner's initial appointment or initial granting of privileges, the Medical Staff Services Department will obtain a list of the practitioner's activity in the hospital. An evaluation form will be generated for five (5) randomly selected major surgical cases which will be reviewed and/or assigned for review by the Department Chairman or designee as needed. Results of the review will be reported to the Surgery Department Chairman for review and recommendation. Following the Chairman review the report and any subsequent recommendations are forwarded to the Chief Medical Officer and Professional Review Committee. The five (5) cases are in addition to any specific concurrent or retrospective review requirements as listed in the procedure privilege eligibility criteria.
 - b. Monitoring of physician-specific data for the FPPE may include, as available and selected by the Department, the use of blood and blood products, medication usage, appropriate utilization of resources, timeliness of the completion of patient records, quality of patient records, outcome information related to morbidity and mortality, all available performance improvement data, outcome information pertaining to operative and other invasive procedures and other matters related to the physician's competency.
 - c. Clinical competency, technical skill, judgment, adherence to bylaws, cooperativeness and ability to work with others in a professional manner will be evaluated through the peer review and the professional conduct process. Generated variance reports are reviewed by the Chair or designee in accordance with policy.

- d. If the practitioner has insufficient activity to adequately evaluate his/her performance, the FPPE period will be extended for an additional three (3) month monitoring period(s) not to exceed twenty-four (24) months.
- e. A physician will not be removed from FPPE until all routine required concurrent or retrospective review requirements are successfully completed in addition to the FPPE case review requirements noted above.
- f. For those practitioners with minimal activity during the initial FPPE period (practitioners who only provide occasional coverage at the hospital, i.e. attend to a patient when on call) the MEC may, on the recommendation of the Department Chairman or designee, modify or waive the FPPE requirements with the provision that his/her peer references at first reappointment attest to the practitioners competence in performing the privilege requested.

For Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) FPPE will consist of concurrent observation of the practitioner's first two (2) cases performed at Banner Boswell Medical Center. Additional case observation or retrospective review may be imposed to assure adequate of assessment of clinical competency, technical skill and judgment.

- a. Items b. through f. under #1. Above will apply to anesthesia providers and will be monitored through peer review and ongoing performance monitoring activities in accordance with policy.

F. SURGICAL ASSISTANTS

Any physician holding clinical privileges in any field of practice may serve as assistant at the discretion of the surgeon.

1. In all cardiac surgery, excluding placement of external pacemakers, the surgical first assistant must have completed a residency in general, vascular, or cardiac surgery, or cardiovascular physician assistant, registered nurse first assistant, or certified surgical technician first assistant. The first assistant must remain in the Operating Room until the bypass equipment has been removed from the patient and the patient is stable.
2. To assist in robotic surgery procedures the assistant must have completed a robotics training course.

G. 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 Chairman of Surgery or designee should be contacted, who shall resolve the conflict immediately.

H. 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.

I. 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. The examination is performed by an anesthesiologist or CRNA or the patient is discharged from the PACU based on discharge criteria established by Anesthesia Section. The anesthesiologist or CRNA will ensure that the patient is given adequate post-anesthesia recovery instruction.

J. SURGICAL CASES PROTOCOL

1. The use of a qualified assistant is at the discretion of the operating surgeon.
2. 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.
3. 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.

K. ON-CALL RESPONSIBILITY

There is no mandatory On Call responsibility for the members of the Surgery Department.

1. Physicians may continue to accept call rotation on a voluntary basis. Physicians who elect to participate on a voluntary call rotation shall respond to a patient's life threatening emergency surgical situation.
2. Effective October 2008 Orthopedic surgeons are to take their assigned call dates. Substitutions are only to be made upon written notice that the surgeon will be out of town on the assigned date and in circumstances when the surgeon is ill or already in surgery.
3. Voluntary Orthopedic Call Eligibility Requirements
 - a. Be a member of the staff in good standing.
 - b. Perform twenty (20) elective cases per calendar year (non emergent).
 - c. Physician must personally take his/her own day of call and accept/perform the ED referral consults and surgeries as is currently in the Rules and Regulations.
 - d. Eligibility for call assignment will be reviewed on a quarterly basis at the time the new schedule is being prepared.
4. Voluntary Urology Call Eligibility Requirements
 - a. Be a member of the staff in good standing.
 - b. Perform twenty (20) elective cases per calendar year (non emergent).
 - c. Physician must personally take his/her own day of call and accept/perform the ED referral consults and surgeries as is currently in the Rules and Regulations.
 - d. Eligibility for call assignment will be reviewed on a quarterly basis at the time the new schedule is being prepared.

L. 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, 12/17/2007(Addition of Ortho/Hand Call Coverage Requirement.) 03/17/2008, 06/16/2008, 09/15/2008, 03/16/2009, 03/16/2010, 09/21/2010, 12/21/10 10/11, 03/12, 02/14,11/14, 10/15, 11/15
	Medical Executive Committee	10/02/2007, 01/01/2008, 04/01/2008, 07/02/2008, 08/12/2008, 10/07/2008, 04/02/2009, 04/06/2010, 10/05/2010,01/04/11, 01/04/11, 11/8/11, 05/12, 01/14, 03/14, 11/14, 11/15, 12/15
	Board of Directors	10/18/2007, 01/17/2008, 04/17/2008, 07/17/2008, 08/13/2008, 10/09/2008, 04/09/2009, 04/08/2010, 10/14/2010, 01/10/11, 11/10/11, 05/12, 01/14, 03/14, 11/14, 11/15, 12/15
	Surgery Committee	02/18/2008, 05/19/2008, 08/18/2008, 02/17/2009, 02/16/2010, 08/17/2010, 9/11, 04/12