



Banner Good Samaritan Medical Center

Phoenix, Arizona

Department of Surgery

Rules and Regulations

ARTICLE I	Organization
ARTICLE II	Functions and Duties
ARTICLE III	Miscellaneous Provisions

ARTICLE I **Organization**

Section 1

In accordance with the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center (BGSMC), the Department of Surgery is organized as a department of the Medical Staff.

Section 2

The Department of Surgery will be directed by the Surgery Committee.

Section 3

The chairman of the department will chair the Surgery Committee. The chairman of the department will be elected by the Active Staff members of the department for a two-year term, in accordance with Article 8 of the Medical Staff Bylaws. The chairman shall appoint a vice-chairman of the department.

Section 4

a) Sections of the Department of Surgery will include:

- 2) Colon and Rectal Surgery
- 3) General Surgery
- 4) Neurosurgery
- 5) Ophthalmology
- 6) Oral Surgery and Dentistry
- 7) Otolaryngology, Head and Neck Surgery
- 8) Pediatric Surgery
- 9) Plastic and Reconstructive Surgery
- 10) Trauma Surgery
- 11) Urology

b) A chief of a section may be appointed per Section 8.6-1 through 8.6-4 of the Medical Staff Bylaws.

c) The Trauma section will meet regularly to discuss privileging and monitor and evaluate the quality and appropriateness of patient care and professional performance rendered by practitioners with clinical privileges in the section. Results of recommendations and proposals shall be forwarded to the Surgery Committee for approval.

DEPARTMENT OF SURGERY

Rules and Regulations

Page 2

ARTICLE II Functions and Duties

- d) A new section may be formed when it is determined by the Surgery Committee that special care, number of patients, or staff members make it advisable to organize for periodic review of the professional activity of its members.

Section 1

The Chairman's functions and duties are outlined in Section 8.5-5 of the Medical Staff Bylaws.

Section 2

- a) The vice chairman will be responsible for administration of the department in the absence of the chairman.
- b) The chief of a section will be responsible for the professional and administrative duties within that section.

Section 3

- a) The qualifications, selection, term of office and removal of the chairman are outlined in Sections 8.5-1 through 8.5-4 of the Medical Staff Bylaws.
- b) The nominating committee shall consist of at least the current department chairman and the immediate past department chairman. At least two (2) active staff members will be placed on the ballot.

ARTICLE III Miscellaneous Provisions

Section 1 - Meetings

- a) Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.
- b) Only active members of the Department of Surgery appointed by the chairman and approved by the Executive Committee shall attend the Surgery Committee, unless invited by the chairman or at the request of the Executive Committee, Chief of Staff, or Chief Executive Officer of Banner Good Samaritan Medical Center.

Such members shall include at least one (1) member of each section of the Department of Surgery and the Director of Surgical Education.

Section 2 – Attending Staff Responsibilities

- a) Information regarding Admitting and Discharge, Orders, Consultations and Surgical cases including documentation requirements are outlined in the Medical Staff Rules and Regulations.
- b) Members of the consulting staff shall not act as the primary surgeon on any surgical case and will limit their participation in surgical procedures as assistants only. Other limitations are delineated in the Bylaws.
- c) Temporary privileges will be granted only one (1) time for physicians desiring to assist in a particular procedure. Physicians requesting temporary privileges more than once will be required to apply for staff privileges in their particular field, as delineated in the Medical Staff Bylaws.

DEPARTMENT OF SURGERY

Rules and Regulations

Page 3

Section 3 - E.R. Call

- a) Each section chief will assign the section members in rotation for E.R. coverage for the Department of Surgery. E.R. coverage is for 1) emergency center patients, 2) "no doctor" patients, and 3) clinic patients.
- b) Each section must provide a list of on call surgeons to provide coverage. As long as a sufficient number of physicians are available to cover, taking call will be optional based on requests submitted to the section chief.
- c) The Emergency Center call schedule will be utilized for trauma patients. Call is mandatory for the following specialties:
 - Hand Surgery
 - Neurosurgery
 - Oral Surgery
 - Urology
- d) Neurosurgery - Call is voluntary for any member of the section who has been an Active or Associate staff member for fifteen (15) years.
- e) Urology - Call is voluntary for any member of the section who is 55 years of age or older or who has been an Active or Associate staff member for twenty (20) years.

Section 4 – Resident Rotation

Residents rotating at BGSMC from external graduate medical education programs must have approval by the appropriate BGSMC residency program director. Please refer to Medical Education Policy# MEDR 1-004 for additional information.

Section 5 - Non-Physician Practitioners

Privileges may be granted to non-physician practitioners. This will be in accordance with Article 13 of the Bylaws "Allied Health Professionals" and the Allied Health Professionals Rules and Regulations.

Section 6 - Committee Assignments

Members of the department are expected to fulfill obligations created by membership on this and other staff committees.

Section 7 - Appointment Procedure

- a) Membership

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

- b) Application

Applicants must have satisfactorily completed a residency program approved at the time of completion of the residency program, by either the American Board of Surgery, or the appropriate American Board for the surgical subspecialty in which privileges are requested.

DEPARTMENT OF SURGERY

Rules and Regulations

Page 4

Applicants must be either:

Certified or currently admissible* for examination by either the American Board of Surgery or the appropriate American Board for the surgical subspecialty for which privileges are requested.

*admissible - applicant must provide documentation s/he has received permission to take the examination from the Board.

OR

Certified by the Royal College of Physicians and Surgeons of Canada in surgery or the appropriate surgical subspecialty, provided that the applicant's training is equivalent to that required by the appropriate American Board.

Applicants, who are granted surgical privileges on the basis of admissibility to take the appropriate American Board examination, must do so within the time required by the appropriate American Board. Applicants who are granted otolaryngology, plastic surgery, ophthalmology and neurological surgery privileges must become certified within five (5) years of the completion of training.

Applicants who fail to obtain certification within this time period will lose their privileges within the Department of Surgery. They may reapply for privileges when they become certified by the appropriate Board.

Applicants must provide:

A satisfactory recommendation from the residency program director. If such recommendation is not feasible, a letter of recommendation from the head(s) of the department and section in the hospital(s) in which the applicant most recently practiced.

AND

Two (2) additional letters of recommendation from physicians in the local community in which the applicant practiced or trained, who directly observed the applicant.

c) Clinical Review

- 1) A retrospective review of major cases performed at Banner Good Samaritan Medical Center and/or the Banner Surgicenter must be completed before consideration can be given to granting full privileges.

Colon/Rectal	5 abdominal, 5 anorectal
Neurosurgery	5 major cases
Ophthalmology/Ophthalmic Plastic	5 ophthalmology, 5 ophthalmic plastic*
Oral Surgery	10 major cases
Otolaryngology	5 major cases (T&A and BMT's are not included and do not need supervision)
Pediatric Surgery	10 major cases
Plastic/Hand Surgery	10 plastic, 10 hand
Urology	7 open, 3 endoscopic

* Cases from other facilities may be submitted for the specialty of ophthalmology.

DEPARTMENT OF SURGERY

Rules and Regulations

Page 5

- 2) At any time, the department chairman/section chief can change the requirements to assist in determining clinical competency.
- 3) Each section of the Surgery Department has the overall decision of whether to require direct supervision in addition to retrospective review of the patient charts. The supervision requirements for each section are as follows:

Colon/Rectal	Retrospective Review
General Surgery	Retrospective Review
Neurosurgery	Retrospective Review
Ophthalmology	Retrospective Review
Oral Surgery	Retrospective Review
Otolaryngology	Retrospective Review
Plastic Surgery	Retrospective Review
Urology	Retrospective Review

- 4) Cases will be reviewed and/or assigned for review by the Section Chief on a quarterly basis. Results of the review will be reported to the Surgery Committee for their review and action.
 - 5) All surgeons are required to submit a broad presentation of major cases in their specialty, with not more than three (3) cases of the same procedure.
 - 6) Until the cases have been reviewed, retrospective review of cases must be continued unless the Section Chief and/or Department Chairman grants temporary privileges.
 - 7) Reviewer's report is confidential and for use of the Department only. The report, however, may be released to other hospitals if requested, in writing, by the reviewed surgeon for privileges at other hospitals.
 - 8) Following review of the completed retrospective review forms, additional cases may be required if deemed necessary by the Committee.
 - 9) The Surgery Committee may, on an individual basis, waive clinical review requirements for new staff members who have completed their post graduate training at Banner Good Samaritan Medical Center.
- d) Special Procedures
- Retrospective review of set number of cases as required by the Department of Surgery.
- e) Approved Reviewers
- Active staff members of the Department of Surgery are eligible to serve as reviewers for the retrospective review process. Each section will appoint reviewers and review the list of approved reviewers on a biannual basis.
- f) Responsibilities of the Provisional Staff Member
- 1) All required cases must be submitted within one (1) year of staff appointment in order to be considered for full privileges. Failure to complete the department supervisory requirements and/or conditions by the end of the twelve (12) month provisional period may result in expiration of privileges.

DEPARTMENT OF SURGERY

Rules and Regulations

Page 6

- 2) At the time the procedure is performed, the surgeon is to complete the section of the Retrospective Review Form which identifies the patient, procedure, and date of the procedure. This initiates the review process. Copies of the review forms are available in the medical staff office.
- 3) The provisional surgeon must initiate retrospective review on every one of his major cases by completing the appropriate section of the review form and returning it to Medical Staff Services. Failure to do so could result in immediate suspension of all privileges.

g) Reviewer's Responsibilities

- 1) The reviewer shall give a candid opinion on the report to the Committee.
- 2) The reviewer shall immediately notify the Section Chief and/or Department Chairman should any questions arise concerning a physician's competency or management of a particular case.

h) Surgery Assisting Privileges

Consulting staff that have surgery assisting privileges only will not be allowed to perform any surgical procedures and will limit their participation in surgical procedures as assistants only. Other limitations are delineated in the Bylaws.

i) Operating Room Observers

- 1) Any physician or surgeon with a valid Arizona license may observe operations on any operation when he has been invited to do so by the attending surgeon, who is the responsible person. The O.R. charge nurse should be notified.

Revised:

Surgery Committee	Date	04-13-1992
Executive Committee	Date	04-27-1992
Board of Directors	Date	05-12-1992

Surgery Committee	Date	04-10-1995
Executive Committee	Date	04-24-1995
Board of Directors	Date	05-09-1995

Surgery Committee	Date	10-09-1995
Executive Committee	Date	11-27-1995
Board of Directors	Date	12-12-1995

Surgery Committee	Date	03-11-1996
Executive Committee	Date	03-25-1996
Board of Directors	Date	04-09-1996

Surgery Committee	Date	05-13-1996
Executive Committee	Date	09-23-1996
Board of Directors	Date	10-08-1996

DEPARTMENT OF SURGERY

Rules and Regulations

Page 7

Surgery Committee	Date	09-08-1997
Executive Committee	Date	09-22-1997
Board of Directors	Date	10-14-1997
Surgery Committee	Date	07-13-1998
Executive Committee	Date	08-17-1998
Board of Directors	Date	09-15-1998
Surgery Committee	Date	04-10-2000
Executive Committee	Date	04-24-2000
Board of Directors	Date	05-25-2000
Surgery Committee	Date	06-12-2000
Executive Committee	Date	06-26-2000
Board of Directors	Date	07-18-2000
Surgery Committee	Date	09-11-2000
Executive Committee	Date	09-25-2000
Board of Directors	Date	10-17-2000
Surgery Committee	Date	12-11-2000
Executive Committee	Date	01-22-2001
Board of Directors	Date	03-27-2001
Surgery Committee	Date	06-11-2001
Executive Committee	Date	06-25-2001
Board of Directors	Date	07-24-2001
Surgery Committee	Date	10-08-2001
Executive Committee	Date	11-19-2001
Board of Directors	Date	12-20-2001
Surgery Committee	Date	11-26-2001
Executive Committee	Date	01-28-2002
Board of Directors	Date	02-21-2-02
Surgery Committee	Date	10-14-2002
Executive Committee	Date	10-28-2002
Board of Directors	Date	11-21-2002
Surgery Committee	Date	11-11-2002
Executive Committee	Date	11-25-2002
Board of Directors	Date	12-19-2002
Surgery Committee	Date	12-09-2002
Executive Committee	Date	01-27-2003
Board of Directors	Date	02-20-2003

DEPARTMENT OF SURGERY

Rules and Regulations

Page 8

Surgery Committee	Date	06-09-2003
Executive Committee	Date	06-23-2003
Board of Directors	Date	07-17-2003
Surgery Committee	Date	11-08-2004
Executive Committee	Date	11-22-2004
Board of Directors	Date	12-16-2004
Surgery Committee	Date	06-13-2005
Executive Committee	Date	06-20-2005
Board of Directors	Date	07-21-2005
Surgery Committee	Date	09-12-2005
Executive Committee	Date	09-26-2005
Board of Director	Date	10-20-2005
Surgery Committee	Date	10-08-2007
Executive Committee	Date	10-22-2007
Board of Directors	Date	11-15-2007
Surgery Committee	Date	11-08-2010
Executive Committee	Date	10-25-2010
Board of Directors	Date	12-09-2010
Surgery Committee	Date	09-12-2011 and 10-10-2011
Executive Committee	Date	10-24-2011
Board of Directors	Date	12-08-2011
Bylaws Committee	Date	04-12-2012
Executive Committee	Date	04-23-2012
Board of Directors	Date	06-14-2012