

Department of Orthopedics

Rules and Regulations

ARTICLE I Organization

- 1.1 The Chair of the department shall appoint a vice-chair of the department.
- 1.2 The Department of Orthopedics will include physicians granted privileges in the following:
 - a) Intraoperative Monitor
 - b) Orthopedic Surgery
 - c) Hand Surgery
 - d) Podiatry

ARTICLE II <u>Authority, Duties, and Responsibilities</u>

- 2.1 The Chair's authority, duties, and responsibilities are outlined in Section 8.4 **5**-5 of the Medical Staff Bylaws. The qualifications, selection, term of office and removal of the chair are outlined in Sections 8.5-1 through 8.5-4 of the Medical Staff Bylaws.
- 2.2 The Chair of the Department shall appoint a Vice-Chair of the Department.
- 2.3 The Vice Chair will be responsible for administration of the Department in the absence of the Chair.
- 2.4 The Chair's election will be approved by the Medical Executive Committee.
- 2.5 The Department Chair, or his/her designee, shall insure timely ongoing assessment of the quality of care (OPPE) through; routine quality review activities and investigation of referrals from members of the Medical Staff or Administration of from the appropriate Department Director(s). Routine quality review activities will include, but not limited to, the following:
 - a. Invasive procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review;
 - b. Other routine reviews of anesthesia-related issues including:
 - 1. Complications;
 - 2. Mortality;
 - 3. Infection control;
 - 4. Risk management, including sentinel events;
 - 5. Comparative outcome data;
 - 6. Regulatory and accreditation results
 - 7. Ethics considerations
 - 8. Patient satisfaction feedback

ARTICLE III Meetings

3.1 The chair shall invite members of the Department of Orthopedics who are in the Active and Associate categories to attend the Department of Orthopedics meeting.

- 3.2 The presence of two (2) voting members of the Department shall constitute a quorum.
- 3.3 A majority of the Active and Associate staff that are in attendance at the meeting may approve actions.

ARTICLE IV <u>Emergency Room Call</u>

- 4.1 Emergency Room Call is mandatory unless otherwise covered voluntarily. A minimum of 4 days per month shall be covered by each surgeon eligible for call unless otherwise covered voluntarily.
- 4.2. E.R. call is voluntary for physicians age 60 and over.
- 4.3 Podiatrists will not be required to take E.R. call. If circumstances change, which require call coverage, the department will re-evaluate the call requirements based upon needs and resources. A waiver from ED call requirements does not exclude a practitioner from the responsibility of follow-up care for their own peri-operative patients.
- Exemptions from call, not listed above, will be considered on a case-by-case basis when requested in writing to the Orthopedic Surgery Department Chairman and approved by the Medical Executive Committee. Exemptions will be considered for physicians who provide a necessary service to BEMC, but due to extenuating circumstances, are unable to take call. If circumstances change, exemptions will be reconsidered. Physicians who request a waiver from ED call may schedule up to six (6) elective cases within a 2-month period. If more than six elective cases are performed by the physician who has been granted an ED Call waiver, the waiver will be automatically discontinued and call requirements will apply. Any exceptions to this must be approved by the Department of Orthopedics Chairman.
- 4.5 E.R. coverage is for 1) emergency center patients, and 2) "no doctor" patients.

Approved:

Department of Orthopedics: 08/17/09; 02/05/16 Medical Executive Committee: 09/02/09; 04/06/16

Banner Health Board: 09/09/09; 03/10/10; 2/9/12; 6/14/12; 10/02/14; 04/14/16