



Banner Estrella
Medical Center

Department of Surgery
Rules and Regulations

ARTICLE I Organization

1.1 The Department of Surgery will include physicians granted privileges in the following:

- a) Colon & Rectal Surgery
- b) Dentistry
- c) General Surgery
- d) Neurosurgery
- e) Ophthalmology
- f) Oral and Maxillofacial Surgery
- g) Otolaryngology
- h) Pathology
- i) Pediatric Surgical Subspecialties
- j) Plastic Surgery
- k) Urology
- l) Vascular Surgery

ARTICLE II Authorities, Duties, and Responsibilities

2.1 The Chair's authority, duties, and responsibilities are outlined in Section 8.5-5 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. 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 or 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 surgical-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

2.3 The Chair of the Department shall appoint a Vice-Chair of the Department.

2.4 The vice chair will be responsible for administration of the department in the absence of the chair.

ARTICLE III Meetings

- 3.1 The chair shall invite members of the Department of Surgery who are in the Active and Associate categories to attend the Department of Surgery meeting.
- 3.2 The presence of 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 ED Call

- 4.1 Emergency Room Call is mandatory unless otherwise covered voluntarily for the following specialties: general surgery, vascular surgery and urology. 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 When a specialty has a mandatory call requirements, exemptions will be considered on a case-by-case basis when requested in writing to the 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 Surgery Department Chairman and the Medical Executive Committee.

ARTICLE V Miscellaneous

5.1 Robotics Surgery Committee

5.1-1 Composition - The Robotics Surgery Committee shall be a multidisciplinary committee reporting to the Department of Surgery. It shall consist of members from the specialties of Obstetrics/Gynecology, Urology, and General Surgery. It is the intention of the committee to include representation of any surgical specialty actively using the robot. The Director of the Perioperative Surgery Department and other representatives from administration and nursing shall assist the committee in the performance of duties. A physician chairman shall be appointed by the Chief of Staff and serve for a term of two years. The committee shall meet as often as is necessary.

5.1-2 Duties - The Robotics Surgery Committee shall provide assistance in the development of privilege criteria for robotic assisted surgeries, develop and monitor quality outcome measures and assist the PRC and the Departments in peer review matters as requested. It is recognized that scheduling of robotic surgery is controlled by the Perioperative Department and as such this committee will assist the Perioperative Department with utilization, scheduling and case selection review of robotic assisted surgery, and assist the Departments in developing appropriate training methodologies and guidelines.

5.2 Bariatric Committee

5.2-1 Composition - Practitioners of this Committee shall consist of members of the

Medical Staff who hold bariatric surgery privileges. A physician chairman shall be appointed by the Chief of Staff and serve for a term of two years. The committee shall meet as often as is necessary. Additional appointees may be appointed by the Chief of Staff in consultation with the Chairman.

- 5.2-2 Duties of the Chair - In addition to the routine duties of a chair, the Bariatric Committee Chairperson shall assist the Department of Surgery Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in Bariatric Surgery.
- 5.2-3 Duties of the Committee - The Bariatric Committee shall report to the Department of Surgery. The duties of the Committee will be to:
 - (a) Assist in developing written policy for the operation of any unit within the Hospital designated for bariatric patients. Such policy shall be approved by the Department of Surgery and Medical Executive Committee.
 - (b) Propose criteria for the credentialing of practitioners seeking bariatric privileges.
 - (c) Review aggregate data regarding the performance of practitioners with bariatric privileges to improve clinical performance.

Approved:
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MEC: January 11, 2005
Banner Board: January 12, 2005

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