



Banner Heart Hospital

DEPARTMENT OF SURGERY RULES AND REGULATIONS

ARTICLE I - ORGANIZATION

- 1.1 In accordance with the Bylaws of the Medical Staff of Banner Heart Hospital, the Department of Surgery is organized as a Department of the Medical Staff.
- 1.2 Subcommittees: The Department Chair may appoint subcommittees as deemed necessary to carry out specific functions, subject to the approval of the Department of Surgery.
- 1.3 Department Chair: The Chair of the Department shall chair the Department of Surgery meetings. The Chair of the Department shall be elected for a two-year term by the active staff members of the Department, in accordance with Article Eleven of the Medical Staff Bylaws.
- 1.4 Department Vice-Chair: The Vice Chair of the Department of Surgery shall be selected in accordance with Section 11.7 of the Medical Staff Bylaws.
- 1.5 Ex-Officio Members: The following persons will be considered ex-officio members of the Department of Surgery.

President of Staff (without vote, unless a cardiovascular and/or thoracic surgeon)
Chief Medical Officer (without vote unless a cardiovascular and/or thoracic surgeon)
Chief Executive Officer or designee (without vote)
Chief Nursing Officer or designee (without vote)
- 1.6 Sections of the Department of Surgery may be created or eliminated by the Department of Surgery, upon recommendation to and approval by the Executive Committee, when it is deemed appropriate for the organization of staff or services or to optimize patient care. If a Section is created, a chief of a Section will be appointed per Section 11.6 of the Medical Staff Bylaws. The Vice-Chief of each Section shall be selected in accordance with Section 11.7 of the Medical Staff Bylaws. Qualifications, selection, term of office, removal, and duties of the Section Chief are outlined in Section 11.6 and 11.6-5 of the Medical Staff Bylaws.

ARTICLE II - FUNCTIONS AND DUTIES

- 2.1 The Department's functions are outlined in Article 11.3 of the Medical Staff Bylaws and include the review and supervision of all members of the Department of Surgery and surgical-related services in the hospital.
- 2.2 The Chair's functions and duties are outlined in Section 11.5-5 of the Medical Staff Bylaws.
- 2.3 The Vice-Chair shall fulfill the obligations of the Chair in his/her absence, including representing the Surgery Department at the Executive Committee.
- 2.4 The Section Chief's duties are outlined in Section 11.6-5 of the Medical Staff Bylaws.
- 2.5 The Section Vice-Chief shall fulfill the obligations of the Chief in his/her absence.

ARTICLE III - SELECTION OF OFFICERS

- 3.1 Qualifications, selection, term of office, and removal of the Department Chair are outlined in Section 11.5-1 through 11.5-4 of the Medical Staff Bylaws.

- 3.2 Qualifications, selection, term of office, and removal of the Section Chief are outlined in Sections 8.6-1 through 11.6-4 of the Medical Staff Bylaws

ARTICLE IV- MEETINGS

- 4.1 Information regarding meetings is outlined in Sections 13.1 through 13.5 of the Medical Staff Bylaws.
- 4.2 Attendance by three (3) of the voting members of the Department of Surgery shall be required to constitute a quorum.

ARTICLE V - REQUIREMENTS OF DEPARTMENT MEMBERS

- 5.1 Application for membership on the Medical Staff shall be made in accordance with the Credentialing Manual of the Medical Staff. Qualifications for membership are outlined in Section 3.1 of the Medical Staff Bylaws.
- 5.2 Department of Surgery Privilege Requirements
- A. Graduation from an accredited allopathic or osteopathic medical school or certification by the Educational Counsel for Foreign Medical Graduates or Fifth Pathway certification and successful completion of the Foreign Medical Graduate Examination in the Medical Sciences or equivalent And satisfactory completion of a residency in Surgery and/or a corresponding surgical specialty, Anesthesiology, Pathology, Oral Surgery, Obstetrics and Gynecology, Podiatry, or Urology accredited by the American Council on Graduate Medical Education, the American Osteopathic Association, or equivalent.
- 5.3 Privilege Checklist
- A. Requests for privileges in the Department of Surgery shall be submitted on a Department of Surgery Privilege Checklist approved by the Chair of the Department of Surgery, the Executive Committee, and the Banner Health Board.
- B. The Department of Surgery shall recommend, for approval by the Executive Committee and the Banner Health Board, all requirements for training and/or experience, as well as supervision requirements, for new procedures.
- C. These new procedure requirements shall be included in the Department of Surgery Privilege Checklist.
- 5.4 Procedure Requests
- A. The Department of Medicine shall recommend, for approval by the Executive Committee and the Banner Health Board, all requirements for training and/or experience, as well as supervision requirements, for new procedures.
- B. These new procedure requirements shall be included in the Department of Medicine Privilege Checklist.
- C. The Ad Hoc New Technology Committee shall consider new technologies and procedures to determine whether the privilege to use such technologies or perform such procedures is subsumed under existing core or other privileges or requires additional education, training, and/or experience and demonstrated competence. The Committee's recommendation shall be forwarded to the department for consideration and appropriate recommendations to the Executive Committee. Practitioners desiring to utilize new technologies or perform new procedures may do so once the Executive Committee has considered and approved the Department's recommendation to create/not

create new criteria for privileges and, when new criteria are established, has determined that the practitioner has demonstrated that he/she has the necessary qualifications. The Executive Committee's determination is subject to ratification by the Board.

5.5 Scheduled/Urgent/Emergent Procedures

No patient shall be anesthetized until the surgeon is present within the facility. Infractions of this regulation may result in corrective action pursuant to Article 6. of the Medical Staff Bylaws.

5.6 Review of Provisional Activity

Review of a practitioner's provisional activity shall be conducted in accordance with the provisions outlined in the credentialing manual.

5.7 Approved Supervisors

All unsupervised members of the Banner Heart Hospital Department of Surgery are expected to serve as supervisors as requested. Applicants shall be supervised by members of the Department of Surgery within the same specialty.

5.8 Sedation

Sedation privileging shall include:

A. Moderate Sedation/ Analgesia ("Conscious Sedation")

1. A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. NOTE: Reflex withdrawal from a painful stimulus is not considered a purposeful response.
2. Requirements for Moderate Sedation/ Analgesia ("Conscious Sedation")
Applicant must attest to having read the educational materials and the requirements stated and applicant must have provided at least five (5) patients with moderate sedation at Banner Heart Hospital, in the year prior to the adoption of the policy and procedure, without adverse effect and attest to same (OR)

Applicant must present to the department, a listing of five (5) patients for whom the applicant has provided moderate sedation at another institution within the previous year (OR)

Applicant must perform five (5) cases at Banner Heart Hospital under the direct supervision of a physician with sedation privileges in the same medical specialty as the applicant

B. Deep Sedation/ Analgesia

1. A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
2. Requirements for Deep Sedation/ Analgesia
 - a. Deep sedation/analgesia can only be administered by anesthesiologists.

ARTICLE VI - ORDERS

- 6.1 Information regarding requirements for practitioner orders is outlined in the Medical Staff General Rules and Regulations.
- 6.2 The care of the post-operative surgical patient, for the first forty-eight (48) hours, shall be directed by the surgeon only. All calls and orders regarding patient care shall be approved by the surgeon.
- 6.3 All blood orders need to be written or approved by the surgeon throughout the hospital stay.

ARTICLE VII - MEDICAL RECORDS

- 7.1 Documentation requirements for the medical record are outlined in the Medical Staff General Rules and Regulations.
- 7.2 Medical records shall not leave the Hospital under any circumstances.
- 7.3 Before surgery, an appropriate history and physical, lab studies, imaging, and evaluation by the anesthesiologist shall be completed. The history and physical shall be on the chart prior to the beginning of surgery. Otherwise, the surgery shall be canceled unless the attending practitioner states in writing that such a delay would constitute a hazard to the patient.

ARTICLE VIII - ON CALL COVERAGE

- 8.1 Vascular and anesthesia call coverage shall be elective unless there are an inadequate number of physicians willing to serve on the call panel.
- 8.2 Only unobserved physicians may serve on the call panel.
- 8.3 Cardiothoracic (CT) Surgery Call Schedule Qualifications
 - A. The Cardiothoracic (CT) Surgeon shall maintain Active Medical Staff membership and unrestricted privileges at Banner Heart Hospital (BHH);
 - B. Continuation on the Cardiothoracic Surgery Call Schedule may be in jeopardy if one or more of the following occurs. This determination will be made through the departmental peer review process:
 - Assignment of a B2 (behavioral issue) or D2 (documentation issue) during the previous 12 months may result in the consideration of your removal from the ED call schedule;
 - No more than 2 Peer Review Standard of Care IIIs and no Standard of Care IVs during the previous 12 months;
 - Any focused quality peer review, investigation, use of evaluation tool or corrective action during the previous 12 months;
 - C. The CT/Vascular Surgery Call Schedule Shall be voluntary;
 - D. The CT/Vascular Surgeon shall comply with all elements and operate within the guidelines and specialty expectations of the BHH Physician Care Model and shall utilize all BHH admission order sets;
 - E. The CT Surgeon shall provide care for all patients encountered through the BHH CT Surgery Call Schedule
 - F. The CT Surgeon shall be available (or have a qualified substitute with unrestricted privileges at BHH available) by telephone, or in person, within five (5) minutes of a "911" page for patients at BHH placed to the CT Surgeon by an Emergency Department physician or BHH supervisor, and;
 - H. Those cardiac patients requiring a cardiothoracic surgeon shall be transferred to BHH under the care of the on-call CT Surgeon. Transfers to other facilities shall occur only when:
 - 1. The needed service is not available at BHH
 - 2. The transfer request is initiated by the patient, who has been advised of the on call CT surgeon's, CT Surgeons partner, or CT Surgeon's group ownership/interest in the

- accepting facility, if applicable, or
3. The transfer was required by the patient's insurance carrier

8.4 Policies Governing Cardiothoracic and Vascular Call Schedules

- A. All Surgeons call schedules shall be distributed to participating physicians at least thirty (30) days prior to the activation of the call schedule
- B. Call begins and ends at 7:00am
- C. If, for any reason, the Surgeon is unable to take the assigned call, changes in the call schedule shall be forwarded to the Medical Staff Services Department, in writing, at least twenty-four hours in advance. The Medical Staff Services Department fax number is 480-854-5018.
- D. The Surgery Call Schedule shall be assessed within one (1) year of the approval date at a meeting of all BHH Active Staff Surgeons.

ARTICLE IX - PROCEDURES REQUIRING A SECOND PHYSICIAN AS ASSISTANT IN SURGERY

- 9.1 The use of assistants by members of the Department of Surgery shall be guided by member's judgment of the best interests of the patient and consistent with the American College of Surgeons "Use of Assistants at Surgery."

ARTICLE X - ANESTHESIA

- 10.1 Anesthesia may be administered only by an anesthesiologist or an anesthesiologist.

ARTICLE XI - AMENDMENT

- 11.1 Upon the recommendation of the department of surgery, revisions to the department of surgery rules and regulations shall be approved by the executive committee and the board.

APPROVAL AND ADOPTION

Approved by Governing Board: February 13, 2014