

South Austin Hospital
Department of Anesthesiology
Rules and Regulations

I. Name and Purpose

- A. The department shall be designated **Department of Anesthesiology.**
- B. The department shall carry out the functions and directives specified in the medical staff bylaws concerning the practice of anesthesiology at South Austin Hospital.

II. Functions and Responsibilities

- A. The department shall:
 - 1. assist the Medical Executive Committee and the Board in the granting and delineation of medical privileges;
 - 2. assist the Department of Nursing in the granting and delineation of CRNA clinical scope of services.
 - 3. observe new or reappointed CRNA's (including the evaluation of applications for clinical scope of services, demonstration of current ability, and verification of credentials).
 - 4. monitor and assess the quality of anesthesia care at South Austin Hospital by conducting continuous ongoing evaluation of the quality of patient care.
 - 5. coordinate patient care activities with other departments.
 - 6. provide support and education to physicians, nurses and other personnel involved in the administering of anesthesia.
 - 7. assist in establishing monitoring guidelines for moderate sedation and other procedures not attended by anesthesiology department personnel.
- B. The department shall assist in formulation and implementation of medical staff rules relating to anesthesia care.

III. Assignments and Membership

- A. Memberships in the Department of Anesthesia shall be limited to physicians who meet membership requirements outlined in the medical staff bylaws.
- B. Active staff members will be expected to attend a combined total of general staff and departmental meetings as required in the medical staff bylaws; participate on committees and subcommittees; and participate in department functions as required by medical staff bylaws.

- C. Active staff members may be required to participate in the emergency room call schedule at the discretion of the department chairman.

IV. **Operation of the Department**

Regular meetings of the department shall be held in accordance with the Bylaws Rules and Regulations of the Medical Staff.

- A. The department shall elect officers as provided in the medical staff bylaws.
- B. The chairperson will preside over department meetings and represent the department on the Medical Executive Committee. During the chairperson's absence, the vice chairperson will act on behalf of the chairperson will all duties and responsibilities.
- C. Only department members of active staff status will be eligible to hold department office.
- D. The department chairmanship may be rotated among the active staff members on an arranged basis if agreed to by a majority of the active staff members.
- E. Removal of the chairperson may be done as stipulated by the medical staff bylaws.
- F. A simple majority vote with a quorum (as defined in the bylaws) of voting members present is required for approval of department matters and to amend these rules and regulations with concurrent approval of the Medical Executive Committee and Board of Trustees.
- G. All active staff members of the department are required to maintain residence within the immediate Austin metropolitan area and to be within 30 minutes of the hospital when taking call.
- H. All physicians with other than active staff status will be allowed to administer care as per the bylaws.
- I. All physicians with active staff privileges may be required to take emergency room call at the discretion of the department chairman. This "call" shall be construed to include no-preference emergency room cases only.
- J. Failure to fulfill all requirements of active staff status will result in privileges being changed to courtesy or consulting.

V. **Privileges**

- A. The department and/or department chairperson will make recommendations to the Credentials Committee concerning the granting of anesthesiology privileges. The department chairperson may request the assistance of other staff members in evaluating privilege requests.
- B. In recommending and delineating privileges, the department will consider:
 - 1. the complexities of any procedure or diagnostic skills requested;

2. the degree and quality of specialty training in anesthesiology received by the physician;
3. demonstration of appropriate experience and competence;
4. the need for the specified service at the hospital; and
5. the best interest of the hospital.

C. Credentialing Criteria:
For Core Privileges:

1. **ABILITY TO PERFORM PRIVILEGES REQUESTED:** Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.
2. **CURRENT LICENSURE:** Documentation of current Texas state medical license must be provided.
3. **TRAINING/EXPERIENCE REQUIREMENT:**

Minimum Threshold Criteria: Physicians who have successfully completed an Accrediting Council for Graduate Medical Education-approved residency training program in Anesthesiology **and** be board certified by the member board of the American Board of Medical Specialists or obtain it within 5 years of initial appointment.

Pain Management Criteria: Physicians who have successfully completed an Accrediting Council for Graduate Medical Education-approved residency training program in Pain Management, PM&R, Neurology, Neurosurgery, Orthopedic Surgery, or Anesthesiology **and** be board certified by the member board of the American Board of Medical Specialists or obtain it within 5 years of initial appointment. Also, must have documentation of training specific to acute, chronic, and oncology pain management (pain rehabilitation) or one-year of continuous, full-time pain management experience or have 100 hours of CME from an approved program in the last eighteen months.

4. **DEMONSTRATED CURRENT COMPETENCE:**

FOR INITIAL GRANTING OF PRIVILEGES: Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance.

FOR RENEWAL OF PRIVILEGES: Competence must be demonstrated by an adequate volume of experience with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical

service recommendations.

For Special, Invasive, or High Risk, Procedures:

1. Transesophageal Echocardiography:

- a. Successful completion of residency training within immediate past two years that included performance of 50 TEE procedures, personally performed; OR
- b. If training is greater than 2 years post residency, letter of competence from Chief of Service from immediate past hospital affiliation; OR
- c. Without formal TEE training, completion at a TEE course (minium 25 credit hrs) within past 3 years, plus 10 cases performed in the last two years; OR
- d. Successful completion of the ASE/SCA Peri-Operative TEE Exam (PTEeXAM)

VI. Performance Improvement and Peer Review

- A. The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

Approved by Department:	6/13/08
Approved by Medical Executive Committee:	6/13/08
Approved by Board of Trustees:	6/19/08