

**SOUTH AUSTIN HOSPITAL**  
**DEPARTMENT OF SURGERY**  
**Rules and Regulations**

**I. Name and Purpose**

1. The department shall be designated **Department of Surgery**.
2. The department shall carry out the functions and directives specified in the medical staff bylaws concerning purposes and functions of the departments insofar as applicable to the practice of surgery at South Austin Hospital.

**II. Functions and Responsibilities**

1. The department shall:
  - a. assist the Medical Executive Committee and the Board in the granting and delineation of surgical privileges;
  - b. monitor and assess the quality of surgical care in South Austin Hospital;
  - c. promote harmonious working relationships among staff members in the department, nursing service, hospital employees, and the administration;
  - d. coordinate patient care activities and responsibilities with other departments;
  - e. provide for and evaluate continuing education for physicians and nurses;
  - f. establish and monitor safety rules and regulations in the surgery suites and operating rooms;
  - g. evaluate all surgical deaths and complications or untoward effects;
  - h. perform such other functions as may be necessary or appropriate relating to surgical care at South Austin Hospital.
  - i. provide continuous, 24-hour consultation availability for all specialties for the Emergency Department.
2. The Department of Surgery shall assist in the appointment and reappointment process, including the evaluation of applications for clinical privileges, verified credentials, and demonstrated current ability, experience, background, education, and training.
3. The Department of Surgery shall conduct continuous, ongoing monitoring and evaluation of the quality of patient care. Periodically, the department shall report to the executive committee the results of its findings and make the recommendations concerning the implementation, operation, and results of quality assurance activities.
4. The department shall assist in the formulation and implementation of medical staff rules relating to surgical care.

**III. Divisions**

1. The divisions of the Department of Surgery shall be: General Surgery, Orthopaedic Surgery, Urological Surgery, Ophthalmology Surgery, Otorhinolaryngology Surgery, Cardiothoracic and Vascular Surgery, Colon-Rectal Surgery, Neurosurgery, Oral Surgery, Plastic Surgery, and Podiatry.
2. The divisions may be expanded or limited, depending on the qualifications of the members of the

department.

3. Each division shall have the authority to formulate and implement rules relating to credentialing, emergency call scheduling, and other policies and procedures regarding subspecialty patient care. Division policies will be addenda to these rules and regulations.

IV. **Assignments and Membership**

1. Membership in the Department of Surgery will be limited to physicians who have completed a residency program in surgery approved by the Accreditation Council on Graduate Medical Education, Royal College of Physicians and Surgeons of Canada American Osteopathic Association, Council on Podiatric Medical Education, or the Council on Dental Education of the American Dental Association, or are Board Certified by one of the member boards of the American Board of Medical Specialists, American Dental Association, The American Board of Podiatric Surgery, or American Board of Podiatric Orthopedics, and have met the qualifications for membership outlined in the Medical Staff Bylaws. Each surgeon shall be assigned to an appropriate division as determined by his training and experience.
2. **Active** staff members will be required to attend 50% of scheduled department meetings each year. Members who do not attend 50% of the meetings will be placed on a six-month meeting probation. Upon completion of the meeting probation, attendance will be reviewed. Failure to meet requirements may result in possible status change to Courtesy. Active members will also be expected to participate on committees and subcommittees, and participate in department functions as required by medical staff bylaws.
3. All surgery department members will be required to participate on the emergency room call schedule to the extent required by the individual division. All staff members aged 55 and over or having over 15 years of service may be exempt from taking Emergency Room call subject to availability of an adequate number of physicians to cover emergency call.

V. **Officers and Voting**

1. The department shall nominate and elect officers as provided in the medical staff bylaws and/or rules and regulations. The officers include the Chairman of Surgery (Chief) and Chairman of Surgery-Elect (Vice Chief).
2. The chairman will preside over department meetings and represent the department on the medical executive committee. The chairman will be responsible for appointing a chief representative of each division. The chairman will also be responsible for carrying out duties as specified in the medical staff bylaws.
3. The vice chairman will serve as chairman of the Surgery QA function. In the absence of the Chairman, the Vice Chairman will act on behalf of the Department Chairman with all duties and responsibilities thereof. The Chairman of Surgery-Elect will automatically assume the office of Chairman at the conclusion of the chairman's term.
4. Each appointed division representative will be responsible for coordinating the credentialing requirements for his respective specialty, Emergency Room call coverage, and other related matters.
5. Only department members of active staff status will be eligible to hold department office.
6. No department officer may be elected for more than two consecutive terms, except as otherwise

provided by the Board. Removal of the chairman may be done as stipulated in the medical staff bylaws.

7. All department members of active staff status are eligible to vote at department meetings.
8. A simple majority vote, with at least a quorum present, is required for approval of department matters and to amend these rules and regulations with the concurrent approval by the Medical Executive Committee and the Board of Trustees. Nominations for officers shall be made in March of the final year of the chairman ' s term in accordance with the medical staff bylaws and/or rules and regulations.

## VI. **Privileges**

1. The department and/or department chairman will make recommendations to the Credentials Committee concerning the granting of surgical privileges. The department chairman may request the assistance of division representatives in evaluating surgical privilege requests
2. In recommending and delineating surgical privileges, the department will consider:
  - a. the degree of patient care complexity, level of risk to the patient, and the level of training, and experience required of the physician;
  - b. the degree and quality of specialty training in surgery received by the physician
  - c. demonstration of appropriate experience and competence;
  - d. the need for the specified services in the hospital; and
  - e. the best interest of the hospital.
3. Credentialing Criteria:

**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.

**CURRENT LICENSURE:** Documentation of current Texas state medical, dental, or podiatry license (as appropriate) must be provided.

### **TRAINING/EXPERIENCE REQUIREMENT:**

Minimum Threshold Criteria: Practitioners who have successfully completed a residency training program approved by the ACGME, RCPSC, or AOA in the appropriate specialty OR be board certified by the member board of the American Board of Medical Specialists, American Dental Association, American Board of Podiatric Surgery, AOA's American Bureau of Osteopathic Specialists, or American Board of Podiatric Surgery

### **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 invasive procedures, documentation should address the types of procedures performed, demonstrated skill, appropriateness, and successful outcomes. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.*

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.

**SPECIFIC CRITERIA FOR SPECIAL, INVASIVE, OR HIGH-RISK PROCEDURES:**

**Use of surgical laser:**

1. Training during residency which is verified; or
2. Attendance at Laser course (must provide certificate or letter of completion) and
3. Laser use with supervision at any hospital for three cases (must provide documentation).

**Laparoscopic Procedures:**

1. Completion of a surgical residency/fellowship program which incorporates structured experience in laparoscopic surgery. Competence should be documented by the instructor(s).
2. For those without residency training, the basic minimum requirements for training should be:
  - a. completion of approved residency training in general surgery.
  - b. certified completion of an acceptable "hands on" (Live Animal Training) laparoscopy course.
  - c. proof of assistance or surgeon on 3 cases (3 operative reports).
3. No additional privileges need to be granted for each advanced operative laparoscopy per se, but surgeons who have been granted privileges to do open procedures and also to do laparoscopic surgery may use laparoscopic techniques and instrumentation if they judge them appropriate to the individual circumstances. Surgeons who wish to perform advanced laparoscopic procedures must provide the documentation listed above. Records of all laparoscopic procedures other than cholecystectomy will be reviewed by two physicians for quality and appropriateness of care.

**Podiatry Procedures, Criteria for Initial Approval:**

1. CLASS II: In addition to one-year minimum of approved podiatric surgery residency and eligibility OR Board Certification, documentation of experience in at least three cases must also be submitted (if training or certification was completed or received greater than 3 years prior to application).
2. CLASS III: In addition to a two-year minimum of approved podiatric surgery residency and eligibility OR Board Certification, documentation of experience in at least five most recent cases must also be submitted (if training or certification was completed or received greater than 3 years prior to application).

**VII. Performance Improvement and Peer Review**

1. 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.

<b>Approved by Department of Surgery:</b> 2/1/07
<b>Approved by Medical Executive Committee:</b> 2/9/07
<b>Approved by Board of Trustees:</b> 2/15/07

## **ADDENDA TO SURGERY DEPARTMENT RULES AND REGULATIONS**

### **Routine Scheduling**

1. When scheduling a case with the OR, should the physician determine that he or she will need an additional scrub tech, the request should be made at that time. This will allow for proper notification of the staff.
2. If a situation changes that will require an additional scrub tech to be needed on an already scheduled case, it is essential that notification of the OR occur as soon as possible to better facilitate staffing arrangement.

### **Urology Call Schedule**

1. Only Active staff members will be scheduled to take Emergency call. (1/97)

### **Criteria for New Procedures (4/2001):**

1. verifiable training in the procedure
2. first 10 cases to be monitored
3. outcomes to be reviewed in peer review and possible review of office records.
4. In certain cases, proctoring may be required.

### **General Surgery Call Schedule**

Surgeon has to be on “active” staff at SAH, which means, they have to have 12 or more patient contacts per 12 month period. Contacts include: consults, admissions, and cases/procedures. Contacts do not include assists or rounding for coverage of group members. There will be a 12-month “grace period” beginning 1/1/02. The grace period will allow staff members to satisfy the patient contacts requirement. Each year at a designated time, these criteria will be reviewed and surgeons not meeting them will fall out of the rotation. All surgeons currently meeting the criteria are eligible for call slots. Surgeons not meeting criteria will be taken off. Surgeons that are new to SAH will be given slots and will be subject to the criteria outlined above and below. Any surgeon with privileges may cover for any other surgeon even if their name is not in the pool for slots on the call schedule. Call slots can be traded or given away to any surgeon who has privileges. (1/02)