

DEPARTMENT OF SURGERY RULES AND REGULATIONS

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Definitions:

Bylaws: All references to the “Medical Staff Bylaws” refer to the Carroll Hospital Center Medical Staff Bylaws and Rules & Regulations in effect at the time / date of the signature affixed to these Rules & Regulations.

For the purposes of the Department of Surgery Rules and Regulations the term “Physician” shall refer to any provider with a M.D., D.O., D.D.S., D.M.D., or D.P.M. The term “Advanced Practice Provider” shall refer to all non-physician department members. The term “Provider” shall refer to any member of the Department of Surgery.

Vision:

Founded by and for our communities, Carroll Hospital Center will help people maintain the highest attainable level of good health throughout their lives. We strive to be the best place to work, practice medicine and receive care. Our commitment is to be the Hospital of choice.

Mission:

Our communities expect and deserve excellent medical treatment, compassionate care, and expert guidance in maintaining their health and well-being. At Carroll Hospital Center, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

Our Values:

Service . . . Exceed customer expectations

Performance . . . Deliver efficient, high quality service and achieve excellence in all we do

Innovation . . . Take the initiative to make it better

Respect . . . Honor the dignity and worth of all

Integrity . . . Uphold the highest standards of ethics and honesty

Teamwork . . . Work together, win together

1. Membership:

1.1. Membership in the Department of Surgery is extended to those providers having successfully applied for Medical Staff Membership as prescribed in the Medical Staff Bylaws and practice a surgical discipline including, but not limited to: General Surgery, Pediatric Surgery, Gastrointestinal Surgery, Colon & Rectal Surgery, Oral & Maxillofacial Surgery, Otolaryngology - Head and Neck Surgery, Ophthalmology, Neurosurgery, Orthopedics, Plastic & Reconstructive Surgery, Urology, Vascular - Thoracic Surgery, Podiatry, Dentistry and appropriate Advanced Practice Provider.

1.2. Each member shall be Board Certified and maintain certification by an approved American Board of Medical Specialists (A.B.M.S.), American Osteopathic Association (A.O.A.B.), American Board of Oral & Maxillofacial Surgery (A.B.O.M.S.), or the American Board of Podiatric Surgery (A.B.P.S.) except as allowed by the Medical Staff Bylaws. Physicians who joined the medical staff prior to January 1, 1990, and maintained continuous membership, are exempt from the Board Certification requirement. Physicians whose certification lapses shall be subject to immediate termination of privileges unless a waiver is granted as delineated below.

Physicians, or Providers, that, for any reason, have their Board Certification revoked shall face immediate termination of privileges.

Each member shall inform the Medical Staff Office of any change in their Board Certification status.

Physicians seeking a waiver of the requirement for Board recertification shall submit, in writing, a request for a waiver to the Chief of Surgery. The Chief will review all pertinent information, including, but not limited to, quality data, to determine the physician's competency.

The Chief of Surgery may recommend to the Credentials Committee, a waiver for a period, not to exceed three (3) years and may recommend terms and conditions of such waiver or may recommend a denial of the request.

The Credentials Committee shall consider the request and recommendation of the Chief of Surgery and make a recommendation to the Medical Executive Committee for the disposition of the request to the Board of Directors which shall decide whether and upon what terms, the request might be granted.

Any physician holding a waiver will be subject to a Focused Professional Practice Evaluation (FPPE) on an ongoing basis.

- 1.3. Voting rights are determined by the Medical Staff Bylaws but may be modified by the majority vote of the Department for matters within the Department. All members of the Department of Surgery shall have the right to vote for all matters within the Department: including, but not limited to, department leadership, rules and regulations changes, and all other departmental issues.
- 1.4. Each member has the right to attend all Departmental meetings.
- 1.5. A new member of the Department granted clinical privileges shall be considered probationary until the Chief of Surgery, or their designee, performs a Focused Professional Practice Evaluation (FPPE). The standard FPPE will consist of a retrospective review of 5 cases. This may be modified at the discretion of the Chief of Surgery. This evaluation should be completed during the physician's first year on staff but may be extended if an inadequate level of activity precludes an evaluation during the initial year. Once completed, this evaluation, with a recommendation, will be forwarded to the Credentials Committee. The Credentials Committee will forward a recommendation to the Medical Executive Committee and the Medical Executive Committee shall forward its recommendation to the Governing Body for its approval of full active medical staff membership.
- 1.6. During the Probationary Period, a member may not serve as Chief of Surgery, Vice-Chief of Surgery or Division Head. The Probationary Member may serve on department committees and may vote in committee meetings.

2. Delineation of Privileges

2.1. New surgical applicants.

2.1.1. All new surgical physician applicants shall:

- 2.1.1.1. Submit a completed application and associated documentation to the Credentials Office; and
- 2.1.1.2. Pay all appropriate fees; and
- 2.1.1.3. Submit a list of procedures they plan to perform. The applicant must provide documentation of competency for each procedure requested. The documentation shall include at least one of the following:

- 2.1.1.3.1. **Residency / Fellowship Program:** Submit a letter from the Chief of Service at a completed residency, or fellowship, program in which the physician applicant regularly performed the procedure. The letter must verify that the practitioner applicant is trained and is currently competent to perform this procedure.
 - 2.1.1.3.2. **Course and Preceptorship:** Completion of a “hands on” course. The course must be approved by the Carroll Hospital Center Chief of Surgery and approved by the AOA or APMA, or ADA. Additionally, the applicant may be required to participate in a preceptorship. Options for preceptorship include:
 - 2.1.1.3.2.1. Precept at Carroll Hospital Center with a physician credentialed at Carroll Hospital Center to perform the procedure on a minimum of six (6) cases. Note: the applicant practitioner must request temporary privileges to be preceptored. The preceptor must submit a letter validating the applicant is proficient in the procedure and all associated instrumentation.
 - 2.1.1.3.2.2. If no preceptor is available at Carroll Hospital Center, the applicant physician may submit the name of a preceptor at another hospital to the Chief of Surgery for approval. If approved the preceptorship may be performed at that hospital. It is the applicant **physician’s** responsibility to assure that appropriate privileges are obtained at the other hospital prior to any procedures. A minimum of six (6) cases is required. The preceptor must submit a letter validating the applicant physician’s proficiency in the procedure and all associated instrumentation.
 - 2.1.1.3.3. **Transfer from Another Hospital:** Physicians holding privileges for a procedure at another hospital may add that procedure to the delineation at Carroll Hospital Center by submitting a copy of the credentialing criteria and a letter from the chief of the department at that hospital validating current competency in that procedure and appropriate instrumentation.
- 2.1.2. The Chief of Surgery will review the delineation and appropriate documentation, then approve, or decline, each procedure. The completed application is then forwarded to the Credentials Committee, Medical Executive Committee and the Governing Body for their approval. Under special circumstances, Temporary privileges may be granted once the Credentials Committee has approved the application.

2.2. Reappointment:

- 2.2.1. Reappointment of privileges shall be performed on a biennial basis.
- 2.2.2. Each physician shall review a list of current procedures. The member will then indicate on the delineation either a renewal of the privileges or a deletion. The Chief of Surgery will review the delineation and appropriate documentation, then approve, or decline, each procedure. In the case of the Chief, the Vice-Chief will act in their place. The completed application is then forwarded to the Credentials Committee, Medical Executive Committee and the Governing Body for their approval.
- 2.2.3. Any member wishing to add a privilege, not previously approved, must present documentation to the Chief of Surgery that demonstrates competency in that procedure (as defined by the Medical Staff Bylaws). The documentation requirements are delineated in Section 2.1.1.3.
 - 2.2.3.1. The Chief of Surgery will review the delineation and appropriate documentation, then approve, or decline, each new procedure. The request for new privileges is then forwarded to the Credentials Committee, Medical Executive Committee and the Governing Body for their approval. In some cases, approval of privileges may be contingent upon performing a stated number of cases under the guidance and evaluation of a preceptor. The preceptor's evaluation shall be reviewed by the Chief of Surgery and documented as a FPPE. If successful, the documentation shall be forwarded to the Credentials Committee for final approval.

3. Quality Improvement

- 3.1. The Department of Surgery shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.

Participation in the Process shall be defined as:

- 3.1.1. Members will participate in the quality review process as requested by the Chief, Vice-Chief, President of the Medical Staff, President of the Hospital (or their designee), or the Director of Quality Outcomes.
- 3.1.2. Criteria for specific Department of Surgery reviews will be determined periodically as directed by the Medical Staff Quality process and submitted to the Medical Executive Committee.
- 3.1.3. Tracking and trending information will be reviewed regularly by the Chief and individual physicians as directed through the Medical Staff Quality process, with development and implementation of action plans as appropriate to any trends or opportunities for improvement that are identified.

- 3.1.4. Individual physician data will be included in the data reported to the Medical Staff office for reappointment as required by that process.

4. Leadership

- 4.1. The Department leadership shall be structured as follows: Chief of Surgery, Vice-Chief of Surgery, Division Heads, and Sections Leaders. Elections for the above positions shall be held every five (5) years. Results of the election shall be determined on a simple majority vote unless three (3) or more candidates vie for the same position. In this case the top 2 candidates will participate in a runoff election. Members who wish to be considered for a position will submit their request to the current Chief, Vice-Chief, or Surgical Executive Committee. Nominations will be accepted until April 30. A ballot will be prepared and distributed to all voting members by May 31. All voting members may vote for Chief and Vice-Chief. Only voting members within a Division may vote for the Division Head. Only voting members within a Section may vote for the Section Leader. Ballots shall be returned to the Medical Staff Office by June 15. Election results will be announced at the June Department of Surgery meeting. The term of office will begin July 1.

4.2. Chief of Surgery:

- 4.2.1. The Chief of Surgery shall be a Board-Certified physician member of the Department of Surgery, and meet criteria as delineated in the Medical Staff Bylaws.
- 4.2.2. The Chief of Surgery may be removed from office before the end of his/her term if:
 - 4.2.2.1. Requested by a 75% vote of "no confidence" by the Department of Surgery voting membership; or
 - 4.2.2.2. Requested by the Board of Directors.
 - 4.2.2.3. An election for a new Chief of Surgery shall be held within 60 days of removal.
- 4.2.3. The Chief of Surgery shall:
 - 4.2.3.1. Supervise all professional activities within the department.
 - 4.2.3.2. Be a member of the Medical Executive Committee.
 - 4.2.3.3. Ensure twenty-four hours per day, seven days per week, "on call" coverage for the Emergency Department as delineated in Section 6.2.
 - 4.2.3.4. Enforce Carroll Hospital Center Policies & Procedures, Medical Staff Bylaws, and the Department of Surgery Rules & Regulations within the department of Surgery.

- 4.2.3.5. Implement Medical Executive Committee actions as pertains to the Department.
- 4.2.3.6. Transmit to the Medical Executive Committee the department's recommendations concerning staff classification, appointments and the delineation of clinical privileges for all physicians in the department.
- 4.2.3.7. Oversee the medical staff's utilization of the Operating Suites and other defined Surgical Services.
- 4.2.3.8. Recommend new programs and services in support of hospital and medical staff goals as they pertain to surgical services.
- 4.2.3.9. Expedite problem resolution and conflict resolution with the hospital departments impacting surgical services.
- 4.2.3.10. Expedite problem and conflict resolution between medical staff departments utilizing surgical facilities and/or providing surgical services.
- 4.2.3.11. Foster effective interdepartmental coordination.
- 4.2.3.12. Effectively cooperate with medical staff and hospital personnel to ensure quality of services and meet hospital, medical staff and community expectations.
- 4.2.3.13. Collaborate and consult regularly with the Administration to resolve problems, to reduce inefficiencies, and to enact or change policies within the confines of hospital and according to the Medical Staff Bylaws.
- 4.2.3.14. Assist in the preparation of such annual reports as may be required by the Medical Executive Committee, Chief Executive Officer, Chief Medical Officer, Chief Operating Officer, or the Governing Body.
- 4.2.3.15. Be responsible for the Ongoing Professional Practice Evaluation (OPPE) for each member of the department on a regular basis.
- 4.2.3.16. Be responsible for a Focused Professional Practice Evaluation (FPPE) for all new members of the department and any provider as needed. The Chief, in consultation with the CMO and / or MSQC, shall define the scope of the FPPE and document all findings.

4.3. Vice-Chief of Surgery:

The Vice-Chief of Surgery meet all requirements as delineated in Section 4.2.1.

- 4.3.1. In the event the Chief is unavailable, becomes disabled, resigns, or removed from office, the Vice-Chief will assume all duties and responsibilities of the Chief of Surgery, until the Chief returns, or until an election can be held.
- 4.3.2. The Vice-Chief shall complete the interval review of the Chief on a regular basis. The Vice-Chief will also complete the bi-annual re-credentialing of the Chief.
- 4.3.3. The Vice-Chief may be removed form office before the end of his/her term if:

- 4.3.3.1. If the Chief of Surgery determines that the Vice-Chief is unable to perform the duties delineated in Section 4.2.1; or
- 4.3.3.2. Requested by a 75% vote of “no confidence” by the Department of Surgery voting membership; or
- 4.3.3.3. Requested by the Board of Directors.
- 4.3.3.4. An election for a new Vice Chief of Surgery shall be held within 60 days of removal.

4.4. Division Head and Section Leader:

4.4.1. Head & Neck Division

Dental and Oral & Maxillofacial Surgery, Otolaryngology, Ophthalmology, and Plastic & Reconstructive Surgery

4.4.2. Orthopedic, Podiatric, Neurosurgery Division

Orthopedic Surgery, Podiatric Surgery, and Neurosurgery

4.4.3. General, Urology, Thoracic, Colon-Rectal Division

General Surgery, Urology, Thoracic Surgery, Colon & Rectal Surgery, and Allied Health Professionals

4.4.4. Vascular Division

Vascular Surgery

4.4.5. Division Head:

- 4.4.5.1. The Division Head must be a member in good standing of the Medical Staff, a member of the Department of Surgery, and must be credentialed in one of the specialties within the Division.
- 4.4.5.2. Division Head shall represent that division at the Surgical Executive Committee. If a Division Head is unable to attend Surgical Executive Committee, the Division Head should solicit a Section Leader, within that division, to attend.

4.4.6. Section Leader:

- 4.4.6.1. Each section shall have a Section Leader. The Section Leader must be a member in good standing of the Medical Staff, a member of the Department of Surgery, and must be credentialed in that specialty.
- 4.4.6.2. Section Leaders are encouraged to attend the Surgical Executive Committee meetings.
- 4.4.6.3. The Section Leader, or his designee, will be responsible for preparing the Emergency Department “on call” schedule. Members, within the specialty, participating in “on call” shall determine the schedule format (rotating, etc)

by unanimous consent. In cases where agreement cannot be reached, the Chief of Surgery will assign the "on call" schedule and its format until such agreement is achieved. The "On Call" schedule shall:

- 4.4.6.3.1. Be submitted to the Office of Medical Affairs no less than 30 days prior to the next Quarter year.
 - 4.4.6.3.1.1. Quarter year defined as: January through March, April through June, July through September, and October through December.
 - 4.4.6.3.2. The schedule shall cover the entire quarter year.
 - 4.4.6.3.3. The schedule shall include the name of the physician "on call", not the name of the practice (a Center for Medicare and Medicaid Services requirement).
 - 4.4.6.3.4. The minimum time commitment of call coverage is one Quarter year.
 - 4.4.6.3.5. Physicians wishing to enter or leave the schedule shall do so on a quarterly basis by submitting their request to the Section Leader in writing at least 30 days prior to the next Quarter year.
 - 4.4.6.3.6. Section Leaders are responsible for resolving issues of unavailability.
 - 4.4.6.3.7. Any modification of the schedule must be submitted to the Office of Medical Affairs in writing.
- 4.4.7. At any time during the five-year term, the Chief may remove a Division Head or Section Leader if he/she does not fulfill their duties. The Chief shall present this action at the next Department of Surgery meeting for approval by simple majority of those present. The Chief shall appoint a provisional Division Head or Section Leader until a new election can be held or the Department rejects the action.
- 4.4.8. The Division or Section may remove a Division Head or Section Leader from office if requested by a 75% vote of "no confidence". Divisions or Sections containing less than 5 members shall petition the chief in writing to remove the Division Head or Section Leader. This will require an election of a new Division Head or Section Leader within 60 days of the "no confidence" vote.

4.5. Surgical Executive Committee

- 4.5.1. The Surgical Executive Committee (SEC) will serve as the decision-making body of the department and shall be composed of the Chief of Surgery, Vice-Chief, Division Heads, Nursing Director of Ambulatory Services, Nursing Director of Surgical Services, Chief Medical Officer, Chief Operating Officer, Director of Performance Improvement, and other members as determined by the Surgical Executive Committee. The Surgical Executive Committee shall meet on a regular basis. All members of the Department are encouraged to attend the Surgical Executive Committee meeting to voice their opinion. Any voting

member of the department may cast a vote at the SEC meeting. A decision will stand unless amended or replaced by the entire department at its next meeting. The Chief of the Department may veto the stand of the Surgical Executive Committee; in which the issue will be decided at the next regularly scheduled meeting.

5. Function of the Department

- 5.1. The department shall meet at least quarterly and discuss subjects relative to the Department of Surgery and attempt to resolve any issues presented to the members. The meeting will be held in-conjunction with the quarterly Medical Staff Meeting.
- 5.2. Special meetings may be called by or at the request of the Chief of Surgery, by the President of the Medical Staff, or by one third of the members of the department.
- 5.3. Quorum: Not less than 10 voting members shall constitute a quorum at any meeting.
- 5.4. Minutes - Minutes of each regular and special meeting of a committee or department shall be prepared and shall include a record of the attendance of the members and the vote taken on each matter. The presiding officer shall sign the minutes and copies thereof, shall promptly submit them to the attendees for approval, and after such approval is obtained, forward them to the Medical Executive Committee. Each committee and department shall maintain a permanent file of the minutes of each meeting.

6. General Rules Regarding Surgical Care

- 6.1. Any patient admitted by a member of the Department of Surgery will be entered on the surgical service regardless of the patient's age.
- 6.2. **"On Call" Responsibilities:**
 - 6.2.1. Emergency Department "on call" coverage shall be voluntary unless specified by contract. The Chief of Surgery or Medical Executive Committee may temporarily, not to exceed (30) thirty-days, impose mandatory Emergency Department "on call" coverage to meet the requirements of the community.^{ab} In such cases, all Active Members will participate in Emergency Department "on call" coverage unless excused by the Chief of Surgery or Medical Executive Committee.
 - 6.2.2. In specialties where care can be provided by more than one specialty, a volunteer schedule can be implemented at the discretion of the Chief of Surgery.
 - 6.2.3. "On call" physicians must be available to respond to the Emergency Department

^a CMS State Operations Manual Appendix V (rev 60, 07-16-10): som107ap_v_emerg.pdf, page 29
"Assessment of On-call List Adequacy by Surveyors" (42 FR 48662)

^b CMS-1063-F.pdf: page 176, "XI. EMTALA and On-Call Requirements (§489.24(j))

in a reasonable and appropriate timeframe, as defined in the Medical Staff Bylaws. The on-call physician must be available to the Emergency Department from 7:00 AM on the day of call to 7:00 AM the following day. Therefore, if the "on call" physician has a parallel or competing responsibility or will be unavailable to the Emergency Department for a prolonged period of time, he/she must arrange for back-up "on call" coverage to the Emergency Department at Carroll Hospital Center. If the "on call" physician fails to do so, the Chief of Surgery, or his designee, will have the power to assign the case to another member of the department in the same specialty.

- 6.2.4. The Emergency Department physician will try to honor the patient's preference for a specific physician, regardless of the "on call" schedule. If the requested physician is signed out to another physician, the Emergency Department physician will refer that patient automatically to the coverage physician and not to the "on call" physician.

7. Dental, Oral & Maxillofacial Surgery and Podiatry

- 7.1. Patients admitted for inpatient care shall have a complete History and Physical by a M.D., D.O., Oral & Maxillofacial Surgeon, or qualified Allied Health Staff who has been granted such privileges.
- 7.2. Responsibilities of D.D.S., D.M.D., D.P.M., or Allied Health Staff
 - 7.2.1. A detailed history justifying hospital admission.
 - 7.2.2. A detailed description of the examination and a preoperative diagnosis.
 - 7.2.3. An assessment of anesthetic risks of the proposed operation
 - 7.2.4. A complete operative report describing the findings and technique. In cases of extraction of teeth, the dentist shall clearly state the number of teeth and fragments shall be sent to the hospital pathologist for examination.
 - 7.2.5. Reconcile medical issues with M.D. or D.O. prior to discharge.
- 7.3. Responsibilities of M.D. or D.O.
 - 7.3.1. Medical history pertinent to the patient's general health.
 - 7.3.2. A physical examination to determine the patient's condition prior to anesthesia and surgery.
 - 7.3.3. Supervision of the patient's general medical condition while hospitalized.

8. Review, Corrections and Revisions

- 8.1. The Surgical Executive Committee, to assure it meets the requirements of Department of Surgery and all regulatory bodies, shall review the Rules and

Regulations on a regular basis.

- 8.2. Modifications shall be approved by a simple majority vote at the Surgical Executive Committee and forwarded to the next Department of Surgery meeting for approval.
- 8.3. Any voting member of the department may offer an amendment or revision to the Rules and Regulations at the Department meeting via motion and second. The Department of Surgery shall approve, amend, or decline any changes by a simple majority vote by all eligible voting members attending the Department meeting.
- 8.4. Once approved by the Department, the revised Rules and Regulations shall be forwarded to the Medical Executive Committee for approval. Any corrections, amendments, or deletions suggested by the Medical Executive Committee shall be returned to the Surgical Executive Committee for review and start the process again.
- 8.5. Once approved by the Medical Executive Committee, the Rules and Regulations shall be forwarded to the Governing Body for approval. Any corrections, amendments, or deletions suggested by the Governing Body shall be returned to the Surgical Executive Committee for review and start the process again.
- 8.6. Typographical, grammatical, or spelling errors may be corrected at any time by the Chief of Surgery, or their designee, as long no substantive changes occur. These corrections do not require the approval of the Surgical Executive Committee, Department of Surgery, Medical Executive Committee, or Governing Body.

9. Continuing Medical Education

- 9.1. Continuing Medical Education shall be the responsibility of each member. Category I credits are available at the hospital for all members.

Approved By:



JED S. ROSEN, M.D.
Chief, Department of Surgery

Date: 9/29/2020



MARK GOLDSTEIN, M.D.
President of the Medical Staff

Date: 11/12/2020



ALEC YEO
Chairman, Board of Directors

Date: 12/1/2020