RULES AND REGULATIONS OF THE CARDIAC & VASCULAR DEPARTMENT OF
THE MEDICAL STAFF
OF
PEACEHEALTH SOUTHWEST MEDICAL CENTER

The Cardiac & Vascular Department shall consist of cardiologists, cardiothoracic surgeons and interventional radiologists granted membership and clinical privileges at PeaceHealth Southwest Medical Center. It shall be responsible for the duties assigned to it by the Medical Staff Bylaws of PeaceHealth Southwest Medical Center and shall enforce the following rules and regulations relating to this section:

1. The criteria for clinical privileges shall be applied as delineated on the privileging forms for each specialty.

2. All newly appointed Active staff physicians requesting privileges in the Cardiac & Vascular Department will have a minimum of five (5) charts reviewed at the end of six (6) months. The proctoring process may include chart review until the new practitioner has demonstrated proper application of specialty area techniques. For Courtesy staff members with limited to no clinical activity, the retrospective chart review will be completed at the reappointment cycle.

3. The Cardiac & Vascular Department will implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the section.

4. The Cardiac & Vascular Department will have regularly scheduled business and educational meetings. All members of the department are invited to attend these meetings. In addition, the following support services will be available to the committee as resources and are encouraged to participate in clinical quality improvement and educational sessions to include ICU/CCU, Surgery Staff, EKG, Echocardiography, Nuclear Cardiology and Angiography.

6. An independent cardiac city call schedule will be maintained through Medical Staff Services.

7. The department will continue to promote communications with the Medicine Department. This will not necessitate mandatory attendance at the Medicine Department meetings for the Chair.

8. The Chairman of the Cardiac & Vascular Department will attend Executive Committee as a voting member.

Annual Review:
Department: 11/96, 04/97, 10/98, 11/99, 9/00, 5/01, 10/02, 3/02, 7/04, 4/08, 6/14/10
Executive Committee: 9/7/04, 12/05, 5/6/08
Board of Directors: 10/9/04, 1/18/06, 5/21/08
Addendum to Surgery, Radiology, and Cardiac & Vascular
Departmental Rules and Regulations

Endovascular Committee Charter:

Objective: To define a medical staff structure with equal representation from the Radiology, Cardiac & Vascular, and Surgery Departments to ensure that patients who receive vascular diagnosis and treatments receive quality care and excellent service. This will be accomplished through interdisciplinary collaboration in the following functions:

- Peer review (completed through Cath Lab Committee and the Endovascular Committee)
- Continuing medical education
- Performance improvement initiatives
- Call coverage and sub-specialty referrals
- Development and standardization of privilege criteria

Structure: The Interventional Radiologists will be reassigned from the Cardiac & Vascular Department to the Radiology Department. An Interventional & Vascular Committee will be created which includes representation from the Cardiac & Vascular Department, the Radiology Department and the Surgery Department. Representatives from the following specialties will be appointed by the Department Chair and will hold a two-year term:

- 2 Interventional Radiologists
- 2 Cardiologists
- 3 Endovascular Surgeons
- Ex-officio (non-voting) members to include: Director of the Heart & Vascular Center, Director of Medical Staff Services, and the Chief Medical Officer, and other practitioners per request.

The Chair position will be elected by the group to serve a two-year term.

Accountability & Authority: The committee will meet quarterly or as needed. Representatives will share committee discussions with their Department monthly and will request input from the Department on an ad hoc basis. The Committee will have the authority to recommend action and follow-up directly to the Credentials Committee. If the Committee is unable to come to an agreement, the issue will be presented to the Credentials Committee for resolution.

Approved:
Endovascular Committee 1/18/10
Executive Committee 5/3/05, 5/6/08, 2/2/10
Board of Directors 5/18/05, 5/21/08, 2/17/10

Medstaff/exec/draftcommitteeproposal
Addendum to Surgery, Cardiac & Vascular and OB/Gyn
Departmental Rules and Regulations

Robotic Assisted Surgery Committee Charter:

Objective: To define a medical staff structure with equal representation from the Surgery Department, Cardiac & Vascular Department and the OB/Gyn Department to ensure that patients who receive Robotic Assisted Surgery procedures receive quality patient care and excellent service. The Committee will be responsible for the following Robotic Surgery functions:

- Peer review and ongoing performance evaluations
- Continuing medical education
- Development and standardization of privilege criteria
- Provide recommendations to the Board of Directors regarding program expansion and future robotic services

Structure: A Robotic Surgery Committee will be created which includes representation from the Cardiac & Vascular Department, the OB/Gyn Department and the Surgery Department. The Department Chairs will appoint representatives from the following specialties:

- 1 Gynecologist
- 1 Cardiothoracic Surgeon
- 1 Urologist
- 1 General Surgeon
- 1 Anesthesiologist
- The Urology and Gyn Robotic Assisted Surgery Medical Directors
- Ex-officio (non-voting) members to include: The VP of Quality & Medical Staff Services and a representative from Quality Care Resources and Medical Staff Services.

The Chair position will be elected by the group to serve a two-year term.

Accountability & Authority: The committee will meet quarterly or as needed. Representatives will share committee discussions with their Department monthly and will request input from the Department on an ad hoc basis. The Committee will refer recommendations on peer review to the appropriate Department for consensus. If the Committees are unable to come to an agreement, the issue will be presented to the Credentials Committee for resolution.

Approvals: Revised by Robotics Committee: 6/10/08 addition of Anesthesia Member and clarify role of Department.
Medical Staff Executive Committee: 5/6/08
Board of Directors: 5/21/08