RULES AND REGULATIONS OF THE SURGERY DEPARTMENT
OF THE MEDICAL STAFF
OF
PEACEHEALTH SOUTHWEST MEDICAL CENTER

The Chair of the Surgery Department shall have responsibility for enforcing the following Rules and Regulations of the Surgery Department. The surgical supervisor, in conjunction with the Chair of the Surgery Department, may refuse use of the surgery facilities if the rules are infracted. Any infractions shall be reported in writing to the Chair of the Surgery Department.

Applicants:
1. All new applicants applying for privileges in the Department of Surgery are required to have successfully completed an appropriate board approved residency recognized by the Accrediting Council for Graduate Medical Education or equivalent.
2. Podiatry members must: 1) have successfully completed an American Podiatry Medical Association approved residency and be board admissible or board certified according to the American Board of Podiatry Surgery.

Clinical Privileges:

1. All surgical privileges are granted by the Governing Body and are subject to special reporting and observing requirements as recommended by the Chair of the Surgery Department or his designee as follows:
   a. Concurrent proctoring should be provided by an Active Clinical or Courtesy staff member who is within the same specialty.
   b. The concurrent proctoring process will include a combination of direct intraoperative observation and chart review until the new practitioner has demonstrated proper application of the specialty area techniques. This process should be documented in writing by the proctor to include the following information of each case observed:
      1) Date of procedure
      2) Medical record number
      3) H&P indications reviewed by proctor
      4) Proctor’s observation regarding procedure performed
   c. It will be the responsibility of the new practitioner to schedule cases and contact the proctor to assure he/she is available to observe when indicated on the practitioner’s privileging delineation.

2. Any surgeon who has been granted clinical privileges and qualifies for advancement in surgical privileges shall be subject to observation by the Chair of the Surgery Department or his/her designee. If concurrent proctoring is required at the time privileging has been granted, the surgeon may schedule the procedure providing he/she is assisted or observed by a supervising surgeon of appropriate qualification for the case. In such cases, he/she will provide the Chair of the Department with prior notice of the scheduled case, and with a copy of the operative dictation, which shall also carry the name of the proctoring practitioner.

Patient Admissions:
Except in emergency cases, patients shall be admitted at least one and one-half (1 ½) hours before surgery.
Admission orders shall be promptly available from the attending practitioner or his/her associate.
History & Physical Examinations Requirements:
1. All patients admitted to the hospital for surgery must have a current history and physical on the patient’s medical record prior to surgery. History and Physical requirements as set forth in the Medical Staff General Rules and Regulations will be followed.

Operative Records:

1. Preoperative laboratory data will be at the discretion of the surgeon and/or anesthesiologist.
2. Post-operative notes and operative summaries shall be completed as set forth in the General Rules and Regulations

Informed Consent:

1. An anesthesia and operative permit, signed by a legally-responsible party, shall accompany all patients to surgery. The permit (Informed Consent) must take into account all special procedures. Before obtaining an informed consent, the risks, benefits, and potential complications associated with procedures are discussed with the patient, and family, if appropriate.

In an emergency in which there is inadequate time to obtain an Informed Consent the absence of an Informed Consent in these instances is acceptable.

Operating Room Procedure:

1. The Chairman or designee of the Surgery Committee or Executive Committee may be present at any or all operations.
2. Surgeons must be ready to begin operations at the appointed time, except that when cases are scheduled "to follow," sufficient lead time will be provided by the team leader to minimize delays between cases.
3. Surgeons shall follow the dress code of the Operating Room.
4. Relatives and friends of the surgical patient shall not be allowed to remain with the patient in the operating room, except as part of the surgical team.
5. Requirements for surgical assistance by a qualified practitioner shall be in the interests of patient care, and should take into account desirability for additional professional judgment, reduction of operating time and blood loss, need for adequate exposure, and shared responsibility for the cases. Surgery generally considered major in character will require an assistant. While the decision regarding the need for such an assistant is that of the operating surgeon, in any case of disagreement with the surgery supervisor, a written report to the committee will be made by the supervisor.
6. In any case ordinarily requiring a qualified assistant, such assistant shall be a member of the medical staff or Allied Health Professionals of PeaceHealth Southwest Medical Center, who is, in the judgment of the operating surgeon, capable of proper surgical assistance. In any major surgical case of a provisional staff member, surgical assistance must be provided by a physician with major privileges appropriate for the case.
7. In any case of complications or extension of the case beyond the surgical competence or privileges of the operating surgeon and/or assistant, immediate consultation will be obtained with a surgeon holding appropriate privileges.
8. All tissue and material permanently removed from a patient in surgery shall remain in the laboratory long enough for the pathologist to make permanent records. All material so removed shall be plainly labeled with the patient's name, diagnosis, and nature of material. Exceptions to this rule may be made in the judgment
of the operating surgeon. In these cases the surgeon will certify in his/her operative dictation the nature and description of the removed material.

9. In any case in which a sponge, needle or instrument count is short, and may indicate a retained foreign body, an appropriate x-ray will be taken before the patient leaves the operating room.

10. All previous orders or directions are reviewed by the operating room surgeon on return of the patient from surgery.

11. Any surgical cross coverage will be by any surgeon holding the same privileges. Attending anesthesiologists shall give orders for discharge from the PACU and in the case of a CRNA giving anesthesia, the attending surgeon should give the discharge order from the PACU.

12. Postoperative progress notes in the permanent record will clearly show the practitioner's attendance on the patient at frequent intervals and his/her awareness of the condition of the patient, his/her wound, and any complications, with description of therapeutic plans and procedures.

13. The following guidelines will apply to the care of wounds and dressings:

   a. Based upon the order of a physician and physician assessment of a wound, sutures, drains and staples may be removed by an RN according to nursing policy and procedure.

14. Surgical cases not undergoing operative treatment; e.g., major trauma, burns, bowel obstruction under observation, enteric fistulae and other fluid, electrolyte, or metabolic problems and postoperative complications, are subject to the same principles of quality care as in the foregoing rules.

15. Visitors and non-participating observers of surgical procedures shall be limited to personnel in the health care professions, and subject to prior approval by the patient, the operating surgeon, and the Manager of Surgical Services.

16. Members of the surgical team, for a given operation, shall be limited to surgeons, nurses, and students in the health care profession and other staff personnel practicing within the limitations of their licenses with Rostering Privileges. Students shall be allowed to participate at the discretion of the surgeon.

17. Certain other individuals may be permitted to observe, subject to the approval of the patient and the Observation Policy (MSP#013).

Surgery Committee:
1. Established Sections of the Surgery Department shall be as follows:
   - ENT
   - General Surgery
   - Ophthalmology
   - Orthopedic Surgery/Podiatry
   - Neurological Surgery
   - Urology
   - Vascular Surgery
   - Plastic/Oral Maxillofacial/Dental Surgery

2. Each Section shall elect a Chairperson to oversee privileging, meetings, and peer review for specialties represented therein. Terms for Section Chair shall be for two (2) years. Section Chairs shall represent their Sections on the Surgery Committee.
3. The Surgery Committee shall be comprised of the following:
   
   a. **Voting Members**
      
      | Chair                                                                 | One additional representative from General Surgery and Orthopedic/Podiatry Sections |
      | Chair-Elect                                                           | Surgery Section Chairs                                                             |
      | Immediate Past Chair                                                 |                                                                                   |

   b. **Non-Voting Ex-Officio Members**
      
      | VP of Patient Care Services                                          | Anesthesia Department Physician Representative                                   |
      | Director, Medical Staff Services                                      | OB/GYN Department Physician Representative                                        |
      | Director, Inpatient Surgical Services                                 | Podiatry Representative                                                             |
      | Director, Same Day Services                                           | Quality Care Resources Representative                                              |
      | Director, Perioperative Services                                      | Additional Member(s) chosen at the discretion of the Department Chair              |
      | O.R. Medical Director                                                 |                                                                                   |

4. Terms shall be for two (2) years for all voting members.

5. Chair-Elect shall assume the responsibility of Member –At- Large from the Surgery Department to Medical Executive Committee. Term shall be for two (2) years.

5. Immediate Past-Chair shall assume the responsibility of Surgery Department CME Representative or as otherwise designated by the Committee. Term shall be for two (2) years.

6. The Surgery Committee shall act as Nominating Committee for the Surgery Department. Elections for Chair-elect shall be conducted via ballot in accordance with Articles V and VI of the Medical Staff Bylaws. Elections for Anesthesia Department Representative shall be conducted in accordance with Anesthesia Department Guidelines. Elections for Podiatry Representative shall be conducted within the Ortho/Podiatry Section.

   Additional members shall be appointed by the Surgery Department Chair. Elections for Section Chairs shall be conducted within the individual Section represented.

   
   **Adopted by the Surgery Department of the Medical Staff of PeaceHealth Southwest Medical Center:** 01-12-94

   **Approved by the Governing Body of PeaceHealth Southwest Medical Center:** 05-04-94

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11/98 Reviewed and Approved
11/99 Reviewed by Surgery Committee – No Revisions
05/00 Reviewed & Approved by BOD
12/01 Revised
06/02 Revised
03/04 Reviewed by Surgery Committee – No Revisions
05/05 Revised to include Addendum re: Interventional & Vascular Committee Charter
05/05 Approval of Addendum re: Interventional & Vascular Committee Charter by MEC
05/05 Approval of Addendum re: Interventional & Vascular Committee Charter by BOD
11/05 Revisions – Currently for review
05/06 Reviewed by Surgery Committee re: Provisional Active status & retrospective review requirements eliminated.
Establishment of new Vascular Surgery Section.
06/06 Reviewed by Surgery Committee re: Voting rights and committee members
12/13 Moved Robotic Assisted Surgery charter to MedStaff Committee Manual