



Rules and Regulations

Department of Surgery

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Pacific Hospital of Long Beach

DEPARTMENT OF SURGERY

Rules and Regulations

I. ORGANIZATION

A. Name:

The name of this organization shall be the Department of Surgery of the Medical Staff of Pacific Hospital of Long Beach. The Department is established as provided in the Medical Staff Bylaws.

B. Composition:

The Department of Surgery shall be composed of the sections of general surgery and anesthesia, which shall include specialties of:

General Surgery	Otololaryngology
Urology	General Dentistry
Orthopedics	Oral Surgery
Cardiovascular/Thoracic Surgery	Podiatry
Pathology	Vascular Surgery
Radiology	Plastic Surgery
Neurosurgery	Anesthesia
Pain Management	Ophthalmology

II. MEMBERSHIP

A. Qualifications:

A Physician (MD, DO), dentist, podiatrist, radiologist, pathologist or anesthesiologist may be a member of the Department of Surgery. Other subspecialties may become members of the Department as determined by the Department, with approval by the Medical Executive Committee and the Board of Directors. A certified registered Nurse Anesthetist or Registered Nurse First Assistant may be appointed to the AHP category of the Medical Staff and hold privileges in the Department of Surgery. Other non-physician providers may be permitted to request membership in the AHP category of the Medical Staff with privileges in the Department of Surgery when deemed appropriate by the Surgery Department, and approved by the Medical Executive Committee and Board of Directors.

All members must first qualify for privileges as defined in Article II of the Bylaws of the Medical Staff of Pacific Hospital of Long Beach.

- B. Appointments
Applicants recommended for provisional status by the Department of Surgery must also have the approval of the Medical Executive Committee and Board of Directors pursuant to the Medical Staff Bylaws.

The initial term of appointment shall be provisional in nature and in accordance with the Medical Staff Bylaws.

III. CONDUCT

- A. Ethics:
The professional ethics of the members of the Department of Surgery shall be governed by the Bylaws, Rules and Regulations and Policies of the Medical Staff.
- B. Discipline:
Evaluation of the surgical care rendered patient by members of the Department of Surgery shall be the concern of the Surgery Department. Matters involving discipline not satisfactorily resolved by the Surgical Department shall be as prescribed in Article VI of the Medical Staff Bylaws.
- C. Consultations:
Consultation requirements will be as outlined in the Medical Staff Bylaws and Rules and Regulations.

IV. SURGERY ADVISORY COMMITTEE

- A. Establishment:
The Surgery Department may choose to appoint or elect a Surgical Advisory Committee composed of members of the Active Medical Staff from various specialty areas. This committee may be called upon to perform continuing performance improvement activities and other administrative responsibilities, which may, from time to time, be required.
- B. Meetings:
The Surgical Advisory Committee will meet as needed as called by the Department Chair or Chief of Staff.

V. PRIVILEGES

- A. Privileges:
Privileges will be granted by the Surgery Department in accordance with Article V of the Medical Staff Bylaws. Criteria for granting privileges to

perform special procedures will be contained in the Medical Staff Policy Manual, which is a part of the Bylaws and Rules and Regulations of the Medical Staff.

VI. OBSERVATION REQUIREMENTS

A. Proctoring:

Following accepted practice, the Surgery Department shall appoint a proctor for each physician on provisional status and those seeking temporary or additional privileges. The applicant is responsible for arranging for his/her proctor/s to be available to observe the procedures. Proctoring guidelines are as follows:

1. Proctoring shall be accomplished by direct concurrent observation if at all possible. Retrospective review may also be conducted. Cases that are peer reviewed by the department may also be considered as a proctored case.
2. A minimum of three(3) major cases must be observed. An additional number of cases may be required if the proctor feels that additional proctoring is required.
3. The proctor shall observe a variety of cases, based upon the privileges requested by the physician.
4. The proctor shall complete proctor/evaluation forms which include the type of case, as well as an evaluation of the performance of the individual being proctored and submit the forms to the Medical Staff Office.
5. Proctors must have sufficient training and expertise to judge the quality of work being performed by the provisionee.
6. State or County medical societies should be consulted for guidance in obtaining a proctor if there are no members qualified to proctor the provisionee.
7. The utilization of more than one proctor shall be encouraged. Except in extraordinary circumstances, associates shall not proctor each other.

8. Proctor/evaluation forms shall be reviewed at the time of advancement from Provisional status to another staff category and shall be maintained in the physician's credentials file.

VII. DUTIES AND RESPONSIBILITIES

A. General rules:

1. Preoperative work up for the patient, including chest x-rays, EKG's, pulmonary function studies, etc., will be left to the discretion of the attending physician or surgeon.
2. A preoperative note is required and shall be documented on the chart prior to all surgeries to include: diagnosis, procedure to be performed, clinical systems, pertinent clinical exam findings, diagnostic/therapeutic treatments and informed consent.
3. History and physicals for any inpatient procedure shall be dictated and placed on the chart prior to surgery. If the report is dictated but not on the chart prior to surgery, there must be a complete, comprehensive, and detailed admission note or complete, comprehensive and written history and physical written in the chart or by using the History and Physical for Outpatient Surgery form. The note must contain pertinent findings or sufficient patient information within 24 hours of admission so that clinicians can manage the patient and guide the plan of care.
4. Surgeons shall be in the hospital so as to begin operating promptly at the time scheduled for the procedure. In the event the surgeon is more than fifteen (15) minutes late in arriving for an operation, he/she shall yield the time to the surgeon scheduled to follow that case and will have the time of his/her case rescheduled by the nurse in charge of the Operating Room. Anesthetic shall not be started until the operating surgeon is present in the Operating Room Suite.
5. Postoperative orders must be written immediately upon completion of the procedure and before the surgeon leaves the Operating Room area. All standing preoperative orders are automatically canceled at the time of surgery and must be rewritten to remain in effect. All post Recovery Room orders, shall be written by the managing surgeon until discharged unless otherwise specified by the managing surgeon.