

PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER-SAN PEDRO

DEPARTMENT OF SURGERY  
**RULES AND REGULATIONS**

ARTICLE I. ORGANIZATION OF THE DEPARTMENT

Section A. Name/Purpose:

The name shall be the Department of Surgery of the Medical Staff of Providence Little Company of Mary Medical Center San Pedro. The department is established as provided in the Medical Staff Bylaws, Rules and Regulations of the Medical Staff of Little Company of Mary-San Pedro Hospital.

In addition to those responsibilities outlined in the Bylaws, the department shall concern itself with all surgical care performed in the hospital. It shall include preoperative, operative and postoperative care; the maintenance of high professional standards; the selection of equipment and procedures; and the continuing education in the surgical sciences of all Department members.

Section B. Membership of the Department

Membership in the Department shall be limited to those practitioners who satisfactorily completed:

1. Certification by the applicable surgical board, i.e., American Board of Surgery for general surgeons (exception orthopedic surgeons and obstetricians and gynecologists who shall belong to those separate departments); or
2. Qualification for certification by the applicable surgical board; or
3. Satisfactory completion of an approved residency training program (applicable to surgical specialty practiced).

Fulfillment of qualifications for initial appointment and reappoint as outlined in the Medical Staff Bylaws including but not limited to geographic boundaries for practice, payment of dues, discharge of functions, maintenance of professional liability coverage, attendance at meetings, and provision of on-call coverage. Ongoing membership criteria will be assessed at the time of reappointment.

The professional conduct of members under the jurisdiction of the department shall be governed by the Medical Staff Bylaws and, if necessary, referred to the Medical Executive Committee.

ARTICLE II. FUNCTIONING OF THE DEPARTMENT

Section A. Department Responsibilities and Functions

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section B. Department Chair and Vice Chair Selection & Responsibilities

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section C. Meeting Frequency and Attendance Requirements

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SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section D. Quorum

Four (4) Active Staff members of the Department shall constitute a quorum for the conduct of business at any meeting of the Department.

Section E. Voting Privileges

Active Staff members of the Department may vote on all department matters including election of department chair and vice chair positions.

Section F. Department Representation

As provided in the Medical Staff Bylaws, a member of the Department may be appointed to other standing Medical Staff departments and committees.

Ex officio members of the Department (non-voting) shall consist of, but not limited to representatives from Hospital Administration, Performance Improvement, and Patient Care Services (Nursing). Other members shall be at the discretion of the chair.

Section G. Sub-Sections

The department chair may appoint division chairs to conduct business at his/her discretion.

ARTICLE III. CLINICAL PRIVILEGES

Section A. Assignment of and Granting of Clinical Privileges

At the time of initial appointment and reappointment, a privilege delineation form shall be completed by applicants and members outlining those privileges being requested. During the reappointment cycle, members requesting privilege modifications shall provide supporting written documentation of training (certificate of course completion or letter from program director attesting to training) and experience (number of procedures done in the prior 2 years).

Privileges in the Department are granted by the Board of Directors of the Hospital, upon the recommendation of the Medical Executive Committee. The Department is responsible for the evaluation of each member of the Department, and of each applicant for membership in the Department, with regard to privileges, and makes recommendations in this regard to the Medical Executive Committee, consistent with the Medical Staff Bylaws.

Once approved, an approved privilege listing will be sent to the member and to the appropriate hospital departments. The original privilege request form shall be maintained in the member's credential file in the Medical Staff Services Department.

Any limitations imposed will be waived for a member caring for a patient having an urgent life threatening condition. In this situation, the member's right to employ any medical or surgical method deemed necessary to save a life or limb should not be impaired.

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Section B. Special Privileges

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section C. Focused Professional Practice Evaluation (Proctoring)

Policy: All Provisional Staff members initially granted privileges shall complete a period of focused review (proctoring which shall last a minimum 6 months and maximum 24 months). All practitioners granted special/interim privileges during the time final action is pending concerning their application, during a probationary period, shall be proctored. Reference: Focused Professional Practice Evaluation Policy/Procedure.

Practitioners granted special privileges (Consulting and Assisting) may not be proctored, but shall comply with any special supervision required by the department chair or the Chief of Staff.

Additional proctoring may be required for Provisional members to adequately evaluate their practice. This additional proctoring shall not constitute grounds for a hearing.

Additional proctoring may be required for members requesting new privileges. This shall not constitute grounds for hearing.

Proctoring may be required for members whose clinical department determines that additional or continued proctoring is necessary or desirable. This additional proctoring shall constitute grounds for a hearing.

Number of Required Proctored Cases: See Privilege Delineation Form.

Assignment of Proctor: The proctor must be a member of the Active, Associate or Courtesy Staff and have unsupervised privileges to perform the procedure(s) that will be proctored. If members who have the necessary qualifications are unavailable to proctor, special arrangements may be made for proctoring by non-members (at sites other than the Hospital or within the hospital with Special Privileges) and/or by members who have related privileges. Special arrangements must be approved by the department chair.

For procedures, the member shall arrange for a proctor. For all other proctoring (review of admissions), the department chair shall assign one proctor to each Provisional Staff member who is required to be proctored. The proctored member is responsible for assuring that the proctor reviews his or her cases.

Function and Responsibility of the Proctor: The proctor shall be a member with commensurate unsupervised privileges and be responsible for evaluating the proctored member's performance; management of patients may be proctored by retrospective chart review, however invasive/surgical procedures must be proctored by direct observation. Exceptions to proctoring include emergencies.

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For each case that is proctored, the proctor shall complete the appropriate department proctoring form, and submit it to the Medical Staff Services Department as soon as is practicably possible.

A proctor may act as the assistant in a surgical procedure if requested to do so by the proctored member.

Responsibility of the Proctored Member: The proctored member shall be responsible for notifying the proctor of each patient whose care is to be evaluated (the next working day if a night or weekend admission). For surgical or invasive medical procedures that will be observed, the proctored member shall be responsible for arranging the time of the procedure with the proctor.

The proctored member shall provide all information that is requested by the assigned proctor regarding the patient and the planned course of treatment.

Proctoring Duration: Each Provisional member granted clinical privileges must be proctored on the minimum number of cases identified on the privilege delineation form. The proctoring period shall be for a minimum of 6 months and a maximum of 24 months.

Non-Provisional members granted clinical privileges must be proctored on the minimum number of cases identified on the privilege delineation form.

Extension of Proctoring: If the Provisional member has reached the 24 month time period and has not satisfied the proctoring requirements of the department, there is nothing derogatory related to his or her clinical practice, and on a going of good faith attempts to complete proctoring, in the opinion of the department chair, the Medical Executive Committee may extend the proctoring period for one (1) year.

Proctoring Review: The proctored member shall be notified initially of the proctoring requirements and updated at 18 months via Certified Mail with regard to the number of proctored cases necessary to complete the requirements.

When the department is considering whether to terminate proctoring requirements, and grant the member unsupervised privileges, it shall have the department chair or his/her designee review the proctored member's file to assure that the necessary completed proctoring forms are in order and the member is in good standing. The department chair may recommend release from proctoring or additional proctoring for reasons as outlined by the chair.

ARTICLE IV.            CLINICAL PRACTICE

Section A.            Responsibility of the Attending Physician

SEE MEDICAL RULES/REGULATIONS REGARDING DETAILS

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Section B. Consultations

SEE MEDICAL STAFF RULES/REGULATIONS.

Section C. Block Booking

1. A maximum of two operating rooms per day will be blocked. Hours of blocked time are from 0730 to 1500. Physician must utilize block time seven days prior to blocked time, or block time will be released.

Section D. Service to the Emergency Department

1. Active Staff members are required to take call commensurate with privileges granted with the exception of members over the age of 60 or those who have medical conditions that preclude them from taking ED call (see below for criteria). All requests for exclusion must be in writing. Provisional members may not take call until they have satisfactorily completed proctoring requirements for appropriate privileges.

**Criteria for Removal from ED Call for Medical Reasons:**

- a. Documentation from the member's physician listing the specific illness and limitations to justify the request.
  - b. Requesting member should not be covering his/her own private patients in the ED during the day or at night.
  - c. Requesting member who continues to actively participate in patient admissions at the hospital.
2. Members on call must respond promptly when requested to see a patient. The response time must be reasonable in view of the patient's clinical circumstances. Each panelist must let the Hospital know how to reach him or her immediately and remain close enough to the Hospital to be able to arrive within a reasonable time.
  3. Problems which arise involving the performance or availability of an on-call member will be brought to the attention of the Department Chair for timely action and follow-up to ensure that the patient's emergent needs are addressed.
  4. If a member is not able to meet his/her responsibilities for a particular day, it is his/her responsibility to make arrangements for another member to cover his/her call. The alternate physician must be a member of the SPPH Medical Staff, eligible to take E.R. call, has similar privileges, and is aware of what call responsibility entails and accepts it. It shall also be the responsibility of the original on-call member to notify the Emergency and the Medical Staff Services Departments of the change in coverage.

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ARTICLE V. ADOPTION

The Department shall review these rules and regulations on a regular basis to incorporate new methods and procedures, diagnostic and treatment advances. Approval of new or changed rules and regulations shall be by the Department with a quorum present.

APPROVED BY:

DEPARTMENT OF SURGERY: 2/17/99  
MEDICAL EXECUTIVE COMMITTEE: 2/25/99  
BOARD OF DIRECTORS: 3/16/99

REVISED:

DEPARTMENT OF SURGERY: 7/19/00  
MEDICAL EXECUTIVE COMMITTEE: 7/27/00  
BOARD OF DIRECTORS: 9/19/00

REVISED:

DEPARTMENT OF SURGERY: 11/15/00  
MEDICAL EXECUTIVE COMMITTEE: 11/30/00  
BOARD OF DIRECTORS: 1/23/01

REVISED:

DEPARTMENT OF SURGERY: 5/16/01  
MEDICAL EXECUTIVE COMMITTEE: 5/24/01  
BOARD OF DIRECTORS: 6/26/01

REVISED:

DEPARTMENT OF SURGERY: n/a  
MEDICAL EXECUTIVE COMMITTEE: 10/18/04  
BOARD OF DIRECTORS: 11/11/04

REVISED:

DEPARTMENT OF SURGERY: 11/17/04  
MEDICAL EXECUTIVE COMMITTEE: 1/17/05  
BOARD OF DIRECTORS: 2/10/05

REVISED:

DEPARTMENT OF SURGERY: 4/18/07  
MEDICAL EXECUTIVE COMMITTEE: 5-21-07  
BOARD OF DIRECTORS: 6-14-07

REVISED:

DEPARTMENT OF SURGERY: 1-20-10  
MEDICAL EXECUTIVE COMMITTEE: 1-25-10  
BOARD OF DIRECTORS: 1-26-10

REVISED:

DEPARTMENT OF SURGERY: 1-18-12  
MEDICAL EXECUTIVE COMMITTEE: 1-23-12  
BOARD OF DIRECTORS: 1-24-12