

Huntington Hospital

Surgery Department
Rules and Regulations



September 2015

Huntington Memorial Hospital

Department of Surgery

Rules and Regulations

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HUNTINGTON MEMORIAL HOSPITAL

DEPARTMENT OF SURGERY RULES AND REGULATIONS

1. SCOPE OF CARE

The Department of Surgery provides surgical services for inpatients and outpatients at all levels of care and is composed of a Level II Trauma Service and the following medical staff sections and services:

Anesthesia
ENT
General Surgery
Neurosurgery
Ophthalmology
Oral & Maxillofacial Surgery
Orthopedics
Plastic Surgery
Thoracic Surgery
Trauma Services
Urology

Inpatient and outpatient surgical services are available 24 hours/day, 7 days a week, to patients of all ages.

Patient care is rendered by board certified or board eligible physicians, residents, licensed professional staff, Patient Care Associated (PCA), and various service specific technicians (i.e. OR Techs). Support services are provided by Patient Support Associated (PSA), Business Support Associates (BSA), unit secretaries, receptionists, materials coordinators, and audit revenue clerks.

Leadership responsibility resides with the Section Chairs and the Chairperson of the Department of Surgery.

2. DEPARTMENT RESPONSIBILITIES

Department Responsibilities are outlined in §11 of the Medical Staff Bylaws.

3. DEPARTMENT OFFICERS

The Department shall have a duly elected Chair and Chair Elect, as provided in §11.5 of the Medical Staff Bylaws. The Chair and Chair Elect must be members of the Active Staff. The Chair and the Chair Elect shall be Board Certified by the American Board of Surgery or other ABMS specialty board within the Surgery Department.

A. Department Chair

The Chair is an elected position, two-year term, in accordance with Chapter 11 of the Medical Staff Bylaws.

B. Chair Elect

The Chair Elect serves as the Surgery Department Representative on the Quality Management Committee.

C. Election

The election process for Department Chairs is outlined in Section 11.5, 11.6 and 11.7 of the Medical Staff Bylaws and shall be utilized for the election of both Department Chairs and Section Chairs.

4. PROCTORING

Proctoring will be conducted in accordance with the Huntington Hospital Medical Staff Proctoring Protocol.

5. SURGICAL ASSISTANTS

Assistants in Surgery are utilized at the discretion of the operating surgeon for the benefit of patients based upon the complexity of the procedure, the anticipated blood loss, duration of the surgery, and expected risk related to the patient's condition.

It is the operating surgeon's responsibility to obtain permission through the Medical Staff Office for a non-staff member to assist in surgery. Temporary privileges may be obtained as outlined in Section 6.7 of the Medical Staff Bylaws.

Post-graduate House Staff may act as assistants in surgery to the full extent of their capabilities in accordance with the medical education program. The need for additional assistance is left to the judgment of the attending surgeon. The House Staff is assigned to the major surgical services, as determined by the Graduate Medical Education Committee, and assist with cases in the section to which they are assigned.

When appropriate, students in an affiliated medical school, Physician Assistants, or RN First Assistants may be used.

6. HOUSE STAFF

Post-graduate Medical Students function under the direction of the assigned attending surgeon and the Program Director for General Surgery. In an emergency, a surgical house officer may schedule surgery, and initiate surgery pending the arrival of the appropriate attending.

7. VISITORS

Visiting Clinicians must follow Medical Staff Policy #100 “Observation by Visiting Physicians”. Visiting clinicians may not provide patient care and must obtain written consent from the patient being observed.

Technicians and students, whose duty or education requires them to be in the Operating Room, are allowed under proper supervision and with the appropriate permission from the Department Manager of the Operating Room and Operating Room Surgeon.

Technical representative of vendors whose equipment is being used in the operating room may be present and will function only in support of the equipment being used. They do not perform or assist with surgery. The Manager of the Operating Room must approve such visitation. Conflicts are to be resolved with the Chair of Anesthesia and/or Surgery.

8. EMERGENCY PROCEDURES

Patients requiring immediate surgery whose life, limb or well being would be jeopardized by a delay are accommodated as soon as possible. An open room and “on-call” anesthesiologists are utilized. However, if an emergency required any scheduled room, the room may be interrupted between cases and any available anesthesiologists appointed by the Administrative Anesthesiologist will be utilized. An effort is made to match the room, anesthesiologist and nursing staff to the needs of the patient. If the existing surgery schedule is interrupted by an emergency it is the responsibility of the surgeon of the emergency case to notify the surgeon(s) whose case(s) will be delayed.

9. INITIATION OF SURGERY BY HOUSE STAFF

In an immediate emergency, surgery may be initiated by the Surgical Chief Resident or PGY4 Surgical Resident. The resident will do so after communicating with the appropriate surgical attending. The attending is expected to be physically present as soon as possible. If unavailable, the surgeon must designate a surrogate and is responsible for the surrogate’s presence. If any conflict or delay in surgeon arrival occurs the Chairman of Surgery is to be notified immediately. In cases where a resident initiates surgery, an appropriate attending surgeon must be present within twenty (20) minutes.

10. ELECTIVE SURGERY

In all instances of elective surgery with the exception of Cardiac Surgery the surgeon of record must be physically on Huntington Hospital Campus before anesthesia is induced. For patients undergoing elective cardiac surgery anesthesia may be induced if a Cardiac Fellow who is either boarded in or eligible to take board examination for General Surgery is on the Huntington Hospital Campus and there is a designated back-up cardiac surgeon available, and the perfusionist is physically on the hospital campus.

11. SURGICAL SPECIMENS

All surgical specimens are sent to the Laboratory. On preoperative requests of the patients, and with the approval of the Surgeon and the Pathologist, some specimens (i.e. teeth, stones, hardware, etc.) may be returned to the patient after description by the Pathologist.

12. MEDICAL RECORDS

All patients must have a written history and physical examination within 24 hours of procedure or a note in the medical record updating the previous history and physical that includes at a minimum preoperative diagnosis, indications for surgery and necessary current laboratory reports. The surgical check list must be completed before the patient is admitted to the surgical suite. Emergency cases are the only exception to this rule.

13. LABORATORY REPORTS

Laboratory work performed at a state licensed, California Certified Laboratory is acceptable. All patients undergoing procedures will have the following based on physician judgment: a) For patients with known or suspected cardiac disease or if deemed necessary by the physician, an ECG within 30 days of surgery; b) Hemoglobin and hematocrit within 30 days of surgery; c) If needed blood type and screen; d) If on diuretics and/or digitalis, a BMP or Basic Metabolic Panel within 72 hours; e) If diabetic, a blood glucose prior to surgery; f) If deemed necessary by physician, chest x-ray within 30 days. In emergency cases, surgery may proceed at the discretion of the surgeon and the anesthesiologist without laboratory reports being included.

14. HISTOLOGICAL REVIEW

Cases that have a diagnosis of cancer arrived from an outside laboratory are strongly encouraged to have a histological review and examination by the Huntington Hospital Pathology Department prior to undergoing surgery. The need for an internal review is left up to the clinical judgment of the operating surgeon (05/05).

15. RADIOLOGICAL EXAMINATIONS IN THE OPERATING ROOM

Films needed in surgery are requested at the time of scheduling the case. The films are delivered to the operating room suite by radiology personnel prior to the case beginning.

C-Arm or other radiology equipment or intra-operative examination is requested at the time of scheduling the case and is delivered by radiology personnel prior to the start of the case.

Use of fluoroscopy equipment requires a current fluoroscopy license on file for the requesting physician.

16. CAPITAL EQUIPMENT

The Director of Surgical Services shall ask the Surgery Committee to submit requests for capital surgical equipment on a yearly basis. The Chair of the Surgery Department will bring requests before the committee for prioritization.

17. STATISTICAL

A record is kept of time intervals for each schedule case. Definition of times are as follows:

- Scheduled Time: Expected time surgical incision is to be made
- Anesthesia Start Time: Time anesthesiologist enters the OR or when procedures begin in the pre-operative area
- Surgery Start Time: Time skin prep is begun
- Surgery End Time: Time patient leaves the OR
- Anesthesia End Time: Time care is transferred and accepted by PACU Nurse
- Room Start Time: Time supplies are opened
- Room End Time: Estimated time supplies can be opened for the following case
- Patient In Room: Time patient enters the OR
- Patient out of Room: Time patient is removed from the room
- Turnover Time: Time interval between one patient leaving the room and the next patient entering the room

18. LATE SURGEONS

Whenever a surgeon is > 15 minutes late (Scheduled Time) a notification is to be initiated with a copy sent to the surgeon. The fourth occurrence in any six-month period may result in cancellation of the case. At the discretion of the Chair of the Department of Surgery and the Administrative Anesthesiologist the case may be moved to the end of the schedule for that day. Should further occurrences ensue, the Chair of the Department and the Medical Director of Anesthesia may jointly determine to permit the surgeon first hour cases for six months.

19. LATE ANESTHESIOLOGISTS

Anesthesiologists are expected to arrive at the designated operating room 15 minutes prior to the scheduled start time for first hour cases. If the case is complex i.e. Hemodynamic monitoring, multiple anesthetic procedures are planned, as much preparation as possible should be performed in the pre-operative holding area. Alternatively, the patient and the anesthesiologist must arrive in the OR in sufficient time to perform preparatory procedures and remain on schedule for the scheduled start time. For later cases, patient and anesthesiologist should arrive in the OR as soon as it is made available following the preceding case. Whenever anesthesia is > 15 minutes late, a notification is to be initiated. Exception may be made if delay is a result of a patient care need. The fourth occurrence in a six-month period may result in action by the Medical Director of Anesthesia and the Chair of the Department of Surgery.

20. SURGERY COMMITTEE

The Chair of the Department of Surgery serves as the Chair of the Surgery Committee.

21. SURGICAL SECTIONS AND COMMITTEE'S

21.1 Trauma Services Committee

Committee Chair:

The Chair is assigned by the President of the Medical Staff. The Los Angeles County Trauma Services Committee recommends that the Trauma Services Medical Director serve as the Trauma Services Committee Chair.

ED Call:

Trauma Service physicians on proctoring are eligible for ER/Trauma call. The Trauma Services Committee will make every effort to proctor their Provisional Staff members in a timely manner.

21.2 Anesthesia Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

21.3 E.N.T. Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

Section Vice-Chair:

The Section Vice-Chair is elected by the Section for a two (2) year term in accordance with Section 11.5 of the Medical Staff Bylaws and does not automatically advance to the Chair position.

Consulting Staff Privileges:

ENT physicians on the Consulting Staff do not have privileges as the primary surgeon, they may consult on patients and assist in surgery only. (5/97)

ER Back-Up Call:

ENT Physicians on proctoring are eligible for emergency room call. (5/97)

21.4 General Surgery Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

Consulting Staff Privileges:

Consulting staff general surgeons do not have privileges as the primary surgeon, they may consult on patients and assist in surgery only. (12/96)

ED Call:

General Surgery ED Call is under the jurisdiction of the General Surgery Section with the following criteria: The call panel will be published on a quarterly basis. Once published new members will not be added until the cycle has been completed.

Creating Schedule: The General Surgery Chair (and/or his/her designee) will be responsible for creating the general Surgery ED Call Schedule.

Criteria for application to the General Surgery ED Call Panel:

1. Active Staff
2. 100 representative general surgery (non-trauma) cases per year, for two consecutive years after board eligibility is met. These two years must be immediately prior to application to the call panel.
3. Requests to join the call schedule will be reviewed at the Section meeting to ensure the practitioner meets criteria

21.5 Neurosurgery Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

Neurosurgery Code Trauma:

1. Any additions to the panel participating in the Neurosurgery Code Trauma coverage must be reviewed and approved by the "trauma neurosurgeons". For the purpose of this document, "trauma neurosurgeon" is a neurosurgeon who is currently participating in the Neurosurgery Code Trauma coverage. To be approved, the applicant must attain "yes" votes from either: all of the "trauma neurosurgeons" or all minus one (e.g. there can only be one dissenting vote).
2. The applicant shall have completed a minimum of two (2) years on ED non-trauma call to become eligible to be included in the Neurosurgery Code Trauma Panel.
3. In the event that all, or all minus one, of the trauma neurosurgeons vote that there is an imminent need for an additional neurosurgeon, and wish to waive the two (2) year ED non-trauma call requirement, they may do so.

Neurosurgery Block Time:

All existing neurosurgeons participating in neurosurgery block time would continue to have access to the block times, and should be able to schedule cases within the block at any time, and also be able to schedule out of the block time as needed. All new neurosurgeons requesting surgery time must

schedule out of the neurosurgery block, first choices will go to the current neurosurgeons.

21.6 Ophthalmology Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

Consulting Staff Privileges:

Ophthalmologists on the Consulting Staff can perform three surgical cases per year, more than three will require a category change to Courtesy Staff and would include meeting all responsibilities for Courtesy Staff according to the Medical Staff Bylaws. Consulting Staff must complete standard proctoring. (5/96)

ER Back-Up Call:

ER Back-Up Call for Ophthalmology will be open to all staff physicians, including Active, Courtesy and Provisional released from proctoring.

Guidelines: a) Voluntary subscription; b) If not subscribed voluntarily, then will be assigned in order of lottery method by Medical Staff Coordinator for the Ophthalmology Section; c) Residents cannot be sent to cover for the physician on call; d) It is the responsibility of the physician on call to find a qualified covering physician (on staff, off proctoring, with same privileges); and e) It is the responsibility of the physician on call to notify the Medical Staff Office, ext. 5913 of any changes to the ER Back-Up Call Listing. (06/10)

21.7 Oral & Maxillofacial Surgery & Dental Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

ER Call:

Open to Active, Courtesy and Provisional (must be released from proctoring). (9/99)

21.8 Orthopedic Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term.

Section Vice-Chair:

The Section Vice-Chair is elected by the Section in accordance with Section 11.5 of the Medical Staff Bylaws for a two (2) year term and does not automatically advance to the Chair position.

Pediatric Orthopedic Patients Presenting to the ER:

Protocol established: a) ER assess patient's condition, including X-ray results; b) ER contacts orthopedic physician on call with patient's

condition; c) Orthopedic physician on call recommends treatment (transfer or treat); d) If for transfer, ER calls receiving facility to make arrangements for transfer. (6/95)

ER/Trauma Call:

Orthopedic physicians cannot participate in ER/Trauma Call unless they have completed and been released from proctoring. (6/95)

Consulting Staff Surgical Privileges:

Orthopedic physicians on Consulting Staff do not have surgical privileges. If the need arises, the Section Chair can be contacted for approval of special one-time surgical privileges. (12/96)

Dispensary:

All members of the Orthopedic Surgery Section are required to provide coverage to the Huntington Hospital Dispensary Clinic. This coverage is done on a rotational basis, with the listing being prepared and mailed out in December of the preceding year. Should any member drop from the list, any new member who has joined the Medical Staff, but is not on the current Dispensary Call List, will be added to that slot. If there are no new members, the person following the individual listed for December will be added to the vacant slot. The Dispensary Call coverage hours begin at 7:30 a.m. and end at noon each Monday during the month. If you are unable to provide coverage on the days for which you are assigned, it is your responsibility to find replacement coverage and notify the Dispensary Staff.

21.9 Plastic Surgery Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair and Chair-Elect shall serve a two (2) year term. (01/02)

ER Call:

ER Call is voluntary and administered through a contracted service.

Exemption from ER Call:

Plastic Surgeons 60 years or over will be exempt from ER Call responsibilities. (02/01)

Patient Coverage:

Whoever is on call the day the patient is admitted is responsible for covering the patient from the day of admit to the day of discharge. (3/96)

Consulting Staff Privileges:

Plastic Surgeons on the Consulting Staff cannot perform surgery at this facility. (4/96)

21.10 Thoracic Surgery Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair shall serve a two (2) year term not to exceed three (3) years.

ED Call: (1/7/16)

Thoracic Surgery ED Call is under the jurisdiction of the Thoracic Surgery Section with the following criteria:

Criteria for application to the ED Call Panel:

1. Participation in ED Call in the last twelve (12) months
2. Performed fifty (50) individual cardiac surgical cases in the last twelve (12) months
3. Member of a group having performed fifty (50) or more cardiac surgeries

Must meet 1 of 3 criteria.

Creating Schedule:

The Thoracic Surgery Chair (and/or his/her designee) will be responsible for creating the Thoracic Surgery ED Call Schedule.

21.11 Urology Section

Section Chair:

The Section Chair is elected in accordance with Section 11.5 of the Medical Staff Bylaws. The Section Chair and Chair Elect shall serve a two (2) year term (4/96)

Consulting Staff Privileges:

Consulting Staff will be permitted to perform surgery if they have completed surgical proctoring, and comply with all the same responsibilities as Active and Courtesy Staff members. (9/96)

21.12 Metabolic and Bariatric Surgery Committee

Committee Chair:

The Chair of the Committee is the Medical Director of the Metabolic and Bariatric Surgery (MBS) Program, (MBSAQIP Standard 2.2)

Composition:

The MBS Committee shall consist of physicians and such other staff members required by the American College of Surgeons, Metabolic and Surgery Accreditation & Quality Improvement program (MBSAQIP), and the Huntington Hospital Medical Executive Committee. It must include the MBS Medical Director (MBSAQIP Standard 2.2), all surgeons performing

metabolic & bariatric surgery at the accredited center (MBSAQIP Standard 2.1), the MBS coordinator (MBSAQIP Standard 2.3), the MBS Clinical Reviewer (MBSCR), (MBSAQIP Standard 2.4), and institutional administrative representatives involved in the care of metabolic & bariatric surgical patients. Additional members may be appointed by the MBS Medical Director/Chair.

Duties:

Administrative Functions:

The MBS Committee, in conjunction with the Chair, is responsible for:

- a. Determining the inclusion and exclusion criteria for patient selection in the MBS center according to MBSAQIP standards. This includes the types of procedures performed and the acuity/risk of the patient relative to the services HMH can safely offer.
- b. Standardization of and integration of metabolic and bariatric patient care throughout HMH.
- c. Development of recommendations for privileging and credentialing criteria for metabolic and bariatric surgeons at HMH.
- d. Overseeing the education of relevant staff with focus on patient safety and complication recognition.
- e. Formal education and written protocols for both nurses and physicians detailing the rapid communication and basic response to critical vital signs to minimize delays in the diagnosis and treatment of serious adverse events.
- f. Overseeing the process in which emerging technologies and procedures may be safely introduced by surgeons to HMH with adequate patient protection, oversight, and outcomes reporting.
- g. Overseeing the accreditation process and ensuring continuous compliance with the MBSAQIP requirements.

2. Quality Improvement:

The MBS Committee is the primary forum for Continuous Quality Improvement, as outlined in the MBSAQIP standards. It provides a confidential setting for sharing best practices, for responding to adverse events, and for fostering a culture to improve patient care. All surgeons performing bariatric surgery at HMH must participate in quality improvement initiatives in a collaborative manner. Peer review of metabolic and bariatric surgery cases at Huntington Hospital is a primary function of the committee. The MBS Committee, in conjunction with the Chair, is responsible for:

- a. Development of MBS quality standards.
- b. Ensuring individual MBS surgeon compliance with required outcomes data collection and submission to the MBSAQIP.
- c. MBS peer review in accordance with HMH policies and procedures.
- d. Evaluation of MBS surgical outcomes.
- e. Development of specific quality improvement initiatives in response to adverse events and to improve structure, process, and outcomes of MBS at Huntington Hospital.
- f. Reporting significant ethical and/or quality deviations by surgeons performing metabolic and bariatric surgery and, when appropriate, plans for remediation or formal recommendations to limit or redact privileges.

ED Call:

It is the responsibility of the MBS Committee to provide 24 hour HMH Bariatric Surgery ED Call. The Chair of the MBS Committee (or his/her designee) will be responsible for creating the Bariatric Surgery ED Call schedule with administrative assistance from the Medical Staff office. The MBS Committee will determine criteria for the MBS ED Call Panel.

Meetings:

The MBS Committee meets four (4) times each year. There must be a minimum of three (3) meetings each year. The MBS Committee will determine attendance requirements for all active metabolic and bariatric surgeons. Official meeting minutes are required to acknowledge that the MBS Committee has reviewed and discussed adverse events and outcomes.

Reporting Structure:

The MBS Committee reports to the Surgery Committee.

Approvals:

Surgery Committee: 08/07/03, 05/26/05, 9/16/08, 02/26/09, 04/23/09, 11/17/09, 03/25/10, 06/24/10, 3/24/11; 11/28/2012; 3/28/14/7-24-14; 07/21/15