

DEACONESS HOSPITAL, INC.
Evansville, Indiana

SURGERY DEPARTMENT RULES AND REGULATIONS

I. PURPOSE

- A. These articles shall be known and observed as the Rules and Regulations of the Surgery Department of the Medical Staff of Deaconess Hospital, Inc.
- B. These Rules and Regulations shall govern all actions and activities of the Surgery Department. Their intent is to supplement the Bylaws of the Medical Staff of Deaconess Hospital, Inc. and in no way shall they be construed to violate any Article or Section in said Bylaws.
- C. These Rules and Regulations will supersede all previous Rules and Regulations of the Surgery Department.

II. ARTICLE I

- A. The clinical services of the Surgery Department shall be:

Cardiovascular	Ophthalmology	Vascular
Colon and Rectal	Oral and Maxillofacial	
Dental	Orthopedic	
General Surgery	Plastic	
Head and Neck	Thoracic	
Neurology	Urology	

- B. All members of the Surgery Department will be expected to participate in such teaching programs as involves their specialty and where their skills and time permits.
- C. The Surgery Department Chief will, based on the applicant's training, experience and demonstration of surgical judgement, recommend to the Credentials Committee and/or Medical Executive Council (MEC) the surgical privileges to be granted. Upon review by the MEC, final assignment of privileges will be made.
- D. Changes in surgical privileges:
 - 1. Any changes in privileges must be accompanied by supporting documentation of current competence.

2. Upon reaching age 70, any physician must be credentialed on an annual basis and must submit to a physical and mental examination by a qualified, licensed physician who is acceptable to both the physician and the Department of Surgery. The written report will be sent to the Chief of the Department.

III. ARTICLE II

A. Active Staff Requirements

1. Successful completion of a surgical residency program approved by the Accrediting Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or its equivalent.
2. Evidence of Board Certification in a surgical specialty recognized by the American Board of Medical Specialties (ABMS) or AOA must be achieved within five (5) years after completion of residency and must be maintained until reaching Honorary Status. This rule will apply to new applicants to the Surgery Department after October, 1985.
3. Notwithstanding the requirements in 1 and 2 above, the Governing Boards shall have the power to waive these requirements under extraordinary circumstances. Such circumstances include, for example, instances in which there is documentation both of the need for the talents of an applicant prepared for review and recommendation by the Credentials Committee and Medical Executive Council (MEC) and for review and action by the Governing Boards where the applicant has been licensed to practice medicine in the United States for at least three (3) years and the applicant has achieved extraordinary recognition in his/her field of medicine as evidenced by (i) nationally or internationally recognized awards or (ii) appointment to or promotion to a full-time faculty position at the professorial (assistant, associate or full) level in a United States medical school accredited by the Association of American Medical Colleges (AAMC) or the American Osteopathic Association (AOA).
4. Obligation to attend the clinical service patients on an impartial rotation in the Emergency Room, as assigned by the Medical Staff Coordinator, and approved by the Surgery Department and Executive Council.
5. Obligation to engage actively in the work of the Department.
6. Obligation to keep himself/herself informed and acquainted with developments and progress.

B. Courtesy Staff Requirements

Same as Active Staff membership, but will not be required to attend meetings or take a tour on Emergency Room duty. The Courtesy Staff members may not vote at meetings or hold office.

C. Senior Staff Requirements

Senior Staff status may be requested upon reaching age 60 or 25 years on the medical staff.

IV. ARTICLE III

A. Actual rules to be followed prior to, during, and after surgery

1. Co-admitting privileges entitle a practitioner to admit a patient to the Hospital for treatment within such practitioner's area of licensure, subject to designating a member of the active staff with admitting privileges at the Hospitals who will be responsible for the medical care of the patient other than the specific care pertaining to the co-admitting practitioner's area of licensure.
 - a. The History and Physical examination must be done and recorded by the responsible provider before surgery is performed.
 - b. Complete documentation is rendered and shall be a part of the hospital record. Each provider shall be responsible for documenting the elements of medical care appropriate to his/her specialty.
 - c. Consultation with the appropriate specialist shall be required when medical complications are present.
2. A Surgeon led Time-Out will be called and completed prior to procedure start, following guidelines established in Deaconess Hospital, Inc. Policy and Procedure 40-43, Documentation and Verification of Patient, Procedure, and Surgical Site. Placement of all blocks is considered a procedure, and the anesthesia provider will be responsible to lead the Time-Out prior to the start of the block procedure.
3. Utilization of a Surgical First Assist for Hazardous Surgical Procedures
 - a. A scrubbed Physician First Assist is not required for cases defined as hazardous.

- b. A scrubbed Non-Physician First Assist or Second Scrub personnel is required on open sternotomy, major thoracotomy and abdominal vascular procedures.
- c. No Assistant is required, other than the Scrub personnel and Circulating Registered Nurse, for other procedures.

4. Physician Availability

- a. The on-call Anesthesiologist will be available prior to a local case to verify availability in the case of a medical crisis.
5. A surgical operation shall be performed only on consent, in writing, on the appropriate hospital form by the patient and/or the legal representative, except in emergency cases.
6. Surgeons must be in the operating room and ready to commence operation at the time scheduled, and the operating room will not be held longer than thirty (30) minutes after the time scheduled. If Surgery has not been notified, the case will be rescheduled to the end of the day's schedule.
- a. Should a Surgeon feel it is necessary to cancel a case, he/she must notify Surgery.
 - b. When surgical cases are running late, as much as 30 minutes, Surgery will notify the Surgeon.
7. Except in cases of emergency, a preoperative diagnosis and History and Physical examination MUST be recorded on appropriate chart before the time stated for operation. If such preoperative diagnosis and History and Physical examination are not recorded, the operation SHALL be cancelled. This applies to all patients, including local anesthesia and Same Day Care Center (SDCC) patients.
8. Consultations – see Article XI, Rules and Regulations.
9. Persons not directly involved in the surgical procedure, and who are not Medical Staff members, or not employed in the operating room, are allowed to enter the operating room and/or cystoscopy room only with the permission of, and at the discretion of, the operating Surgeon, the Charge Nurse, and Chief of Surgery.

10. Techniques in Surgery:

- a. Hand scrub in the Operating Room will adhere to AORN recommended practices.
- b. Scrub clothing is to be worn ONLY in Surgery and in Post Anesthesia. Should it be necessary to visit other areas follow the guidelines that are currently in effect for Surgery (refer to: HFAP Standards and Surgery Policy and Procedure titled: Operating Room Attire: F-11).
- c. Disposable masks should be worn over the nose and mouth, and should be changed between cases (refer to: HFAP Standards and Surgery Policy and Procedure titled: Operating Room Attire: F-11).

11. Breaks in technique: The cooperation of both Physicians and surgical team is necessary in correcting breaks in technique, which when recognized, will be immediately corrected.

12. All operations performed shall be fully described by the operating Surgeon on the appropriate record immediately after the procedure is performed.

13. Tissue removed during an operation shall be sent to the Hospital Pathologist who shall make such examination as he/she may consider necessary to arrive at a pathological diagnosis, and he/she shall sign his/her report. This report will become a part of the case record.

- a. The requisition for the tissue examination shall contain relevant clinical information supplied by the Physician making the request.
- b. The list of tissue exempt from gross and microscopic examination should be consistent with the State regulations and as outlined in Surgery Policy and Procedure G-1: Care of Specimens.

14. Every member of the Surgery Department is expected to be actively interested in securing autopsies. No autopsy shall be performed without proper consent. All autopsies shall be performed by the Hospital Pathologist or by a Physician delegated this responsibility.

V. ARTICLE IV – CHIEF OF SURGEY DEPARTMENT

- A. The Chief of Surgery shall be elected every two years at the last meeting of the fiscal year. The Chief shall serve a two (2) year term and may be elected to two additional consecutive terms.
- B. In case of a tie or no majority vote, another vote shall be taken by secret ballot.
- C. The Chief of Surgery must have training and practice in general surgery or a surgical specialty and must be Board Certified.
- D. The Chief of Surgery will have the following duties:
 - 1. Appointment of members of Ad Hoc Committees, as he/she sees fit.
 - 2. Preside as Chairman of all Surgery Department meetings, and if unable to attend, designate an Acting Chairman.
 - 3. In compliance with Article XI of the Medical Staff Bylaws, the Chief of Surgery will be available for consultation regarding patient care, problems of ethics, and such other problems as may involve his/her department.
 - 4. The Chief or his/her designee will be responsible for the minutes of the Surgery Department.
 - 5. The Chief of Surgery is expected to attend the following committee meetings:
 - a. Medical Staff Executive Council
 - b. Bylaws Committee
 - c. Equipment Advisory Committee
 - d. Nominating Committee

VI. ARTICLE V – Minutes

- A. Written notices of the time and place of the meetings shall be mailed to all members in advance of the meeting.
- B. Additional meetings may be called by the Chief of Surgery providing an announcement and a written notice is given to each member at least four days in advance of said meetings.

1. Special subcommittee or Ad Hoc Committee meetings which may be appointed by the Chief of Surgery shall be held at the discretion of the committee chairman.

VII. ARTICLE VI – RATIFICATION AND AMENDMENTS

- A. Amendment to these Articles requires a majority of the voting members present to pass.
- B. Amendments shall be forwarded to the Executive Council for review and approval, and shall become effective only upon approval of the Board of Directors.

Adoption date unknown

Revised:	Surgery Department 04/09/75	Executive Council	07/08/81	
		Executive Council	02/10/82	
		Executive Council	06/09/82	
	Surgery Department 04/18/84	Executive Council	05/09/84	
Amended:	Surgery Department 05/16/84	Executive Council	06/13/84	
Approved:	Surgery Department 09/18/85	Executive Council	10/09/85	
Revised:	Surgery Department 10/16/85	Executive Council	11/13/85	
Revised:	Surgery Department 03/16/88	Executive Council	05/11/88	
Revised:	Surgery Department 02/20/90	Executive Council	03/13/91	Board 03/25/91
Revised:	Surgery Department 02/17/93	Executive Council	03/10/93	
Revised:	Surgery Department 03/17/93	Executive Council	04/14/93	
Revised:	Surgery Department 04/21/93			
Approved:	Executive Council	06/09/93		
	Board of Directors	06/28/93		
Revised:	Surgery Department 07/20/94			
Approved:	Executive Council	08/10/94		
	Board of Directors	08/22/94		
Revised:	Surgery Department 07/19/95			
Approved:	Executive Council	09/13/95		
	Board of Directors	09/25/95		
Revised:	Surgery Department 08/10/99			
Approved:	Executive Council	09/08/99		
	Board of Directors	10/18/99		
Revised:	Surgery Department 02/29/00			
Approved:	Executive Council	04/12/00		
	Board of Directors	04/17/00		

Revised: Surgery Department 04/18/07
Approved: Executive Council 05/09/07
Board of Directors 05/14/07

Reviewed: Surgery Department 05/21/08
Approved: Executive Council 07/09/08
Board of Directors 08/17/08

Revised: Surgery Department 09/16/09
Approved: Executive Council 11/11/09
Board of Directors 11/16/09

Revised: Surgery Department 02/16/11
Approved: Executive Council 04/13/11
Board of Directors 04/25/11

Revised: Surgery Department 12/21/11
Approved: Executive Council 02/08/12
Board of Directors 02/27/12

Revised: Surgery Department 07/18/12
Approved: Executive Council 08/08/12
Board of Directors 08/27/12

Revised: Surgery Department 05/15/13
Approved: Executive Council 06/12/13
Board of Directors 06/24/13

Revised: Surgery Department 02/03/14
Approved: Executive Council 02/12/14
Board of Directors 02/24/14

Revised: Surgery Department 01/21/15
Approved: Executive Council 03/11/15
Board of Directors 03/23/15

Revised: Surgery Department 09/18/2019
Approved: Executive Council 11/13/2019
Board of Directors 12/02/2019

Revised: Surgery Department 01/18/2023
Approved: Executive Council 02/08/2023
Board of Directors 02/23/2023