DEACONESS HENDERSON HOSPITAL
Henderson, KY

ORTHOPAEDIC SURGERY AND PHYSICAL MEDICINE DEPARTMENT RULES AND REGULATIONS

I. PURPOSE

A. These articles shall be known and observed as the Rules and Regulations of the Orthopaedic Surgery and Physical Medicine Department of the Medical Staff of Deaconess Henderson Hospital.

B. These Rules and Regulations shall govern all actions and activities of the Orthopaedic Surgery and Physical Medicine Department. Their intent is to supplement the Bylaws of the Medical Staff of Deaconess Henderson Hospital. 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 Orthopaedic Surgery and Physical Medicine Department.

II. ARTICLE I

A. The clinical services of the Orthopaedic Surgery and Physical Medicine Department shall be:

Orthopaedic Surgery and Physical Medicine (Physiatry)
Podiatry

B. All members of the Orthopaedic Surgery and Physical Medicine Department will be expected to participate in such teaching programs as involves their specialty and where their skills and time permits.

C. The Orthopaedic Surgery and Physical Medicine 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 Orthopaedic Surgery and Physical Medicine Department after July 1, 2020.

3.

4. Obligation to attend the clinical service patients on an impartial rotation in the Emergency Services rotation as assigned and approved by the Orthopaedic Surgery and Physical Medicine 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 Participate in the Emergency service rotation. The Courtesy Staff members may not vote at meetings, serve on committees, or hold office.

C. Senior Staff Requirements
Senior Staff status may be requested upon reaching age 70 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 Henderson Hospital 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.

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 with 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 – Deaconess Henderson Hospital Rules and Regulations (refer to II. Medical Orders, Section 6, Consultations required).

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: ACHC 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 daily or when soiled (refer to: ACHC 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.

V. ARTICLE IV – CHIEF OF ORTHOPAEDIC SURGERY AND PHYSICAL MEDICINE DEPARTMENT

A. The Chief of Orthopaedic Surgery and Physical Medicine shall be elected every two years at the last meeting of the fiscal year and can serve unlimited terms

B. In case of a tie or no majority vote, another vote shall be taken by secret ballot.

C. The Chief of Orthopaedic Surgery and Physical Medicine must have training and practice in Orthopaedic Surgery and must be Board Certified.

D. The Chief of Orthopaedic Surgery and Physical Medicine will have the following duties:

1. Appointment of members of Ad Hoc Committees, as he/she sees fit.

2. Preside as Chair of all Orthopaedic Surgery and Physical Medicine 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 Orthopaedic Surgery and Physical Medicine 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 Orthopaedic Surgery and Physical Medicine Department.

5. The Chief of Orthopaedic Surgery and Physical Medicine 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 emailed to all members in advance of the meeting.

B. Additional meetings may be called by the Chief of Orthopaedic Surgery and Physical Medicine 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 Orthopaedic Surgery and Physical Medicine 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.

Approved:	11/26/2025
Department of Orthopaedic Surgery and Physical Medicine:	11/26/2025
Medical Executive Committee:	12/17/2025
Board of Directors:	12/18/2025