

CAPE CORAL HOSPITAL

DEPARTMENT OF SURGERY

RULES AND REGULATIONS

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INDEX

I.	GENERAL POLICY AND PROCEDURE STATEMENTS.....	2
	1S.1 DEPARTMENT MEETINGS.....	2
	1S.2 DEPARTMENT CHAIRMAN.....	2
	1S.3 SPONSORSHIP GUIDELINES.....	2
	1S.4 CONSENTS.....	2
	1S.5 TISSUE REMOVAL.....	2
	1S.6 SCHEDULING SURGICAL PROCEDURES.....	3
	1S.7 FIRST ASSISTANT IN THE OPERATING ROOM.....	3
	1S.8 OBSERVERS.....	3
	1S.9 LABORATORY TESTS.....	4
	1S.10 OPERATIVE REPORTS DICTATED.....	4
II.	DENTAL/PODIATRY STAFF.....	4
	2S.1 DENTAL STAFF.....	4
	2S.2 PODIATRIC STAFF.....	4
	2S.3 DENTISTS/PODIATRISTS.....	4
	A. RESPONSIBILITIES OF THE DENTIST/PODIATRIST.....	4
	B. PHYSICIAN'S RESPONSIBILITIES.....	5
III.	ANESTHESIA.....	5
	3S.1 DIVISION OF DEPARTMENT OF SURGERY.....	5
	3S.2 PRE-OPERATIVE VISIT.....	5
	3S.3 POST-OPERATIVE VISIT.....	5
	3S.4 OPERATIVE PERIOD.....	5
	3S.5 POST OPERATIVE PERIOD.....	5
IV.	SUPPLIES AND MAINTENANCE.....	6
V.	OUT PATIENT SURGERY.....	6
VI.	PHOTOGRAPHY.....	6
VII.	PROVISIONAL MEMBER ER BACK-UP.....	6
VIII.	SPECIALISTS ON CALL.....	7
	GENERAL/VASCULAR-SERVED ON ER BACK-UP CALL FOR 25 YEARS.....	7
	8S.1 GENERAL SURGERY.....	7
	8S.2 VASCULAR SURGERY.....	7
	8S.3 ENT SURGERY.....	7
	8S.4 NEUROSURGERY.....	8
	8S.5 OPHTHALMOLOGY.....	8
	8S.6 ORTHOPEDICS.....	8
	8S.7 PLASTICS.....	8
	8S.8 PODIATRY.....	8
	8S.9 UROLOGY.....	8

I. **GENERAL POLICY AND PROCEDURE STATEMENTS**

1S.1 **DEPARTMENT MEETINGS**

- A. The Surgical Department shall hold quarterly meetings at a time and place designated by the Department Chairman.
- B. The staff shall consist of all recognized surgical specialists, anesthesiologists, and dentists. All Active and Provisional Staff members shall be required to attend 50% of all regular meetings.
- C. Only Active Staff members shall be allowed a vote in the Surgery Department Meetings. All action of the Department will be decided on a majority vote of those active members present and voting except on recommendations for advancement, discipline, or expulsion, which will require a two-thirds (2/3) majority of those present and voting with a quorum present. A change in Rules and Regulations will require a two-thirds (2/3) majority of those present and voting with a quorum present. A quorum will be defined as fifty (50) percent of the active members of the department.

1S.2 **DEPARTMENT CHAIRMAN** - The officer of the Surgical Department is the Chairman of the Department. Each chairman shall be elected for a term of two years. Qualifications, selection and tenure shall be as specified by the Bylaws.

1S.3 **SPONSORSHIP GUIDELINES**

Guidelines set out by the Medical Staff for the Department of Surgery Sponsorship Program are listed in the Medical Staff Rules and Regulations under ARTICLE IX - 9.1.

1S.4 **CONSENTS**

All surgical patients or representatives of minors or incompetents (parents or guardians) shall, if operation is required, signify their consent to anesthesia and operation by signing a statement to that effect on a printed form furnished by the hospital.

1S.5 **TISSUE REMOVAL**

All tissue removed at surgery shall be referred to the hospital's pathologist for interpretation and report excepting those tissues listed below which should be left to the discretion of the attending surgeon as to whether or not they are sent for pathological examination:

- A. Removed Internal Fixation Hardwares or Wires.
- B. Neurosurgical prosthesis and shunts.
- C. Teeth, Cataracts, IUD, Foreskins, Placentae, Bladder stones.
- D. Vaginal mucosa (removed at vaginal repair).
- E. Ostectomies, (spondylosis), Vein stripping, hernia sacs.
- F. Turbinates.
- G. Cicatreptomies (old scar tissue).
- H. Nail and Foreign Bodies.

It is at the discretion of the pathologist whether he performs a gross and microscopic examination in an effort to establish a definitive pathologist diagnosis. All tissue removed at operation and all specimens from patients shall be the property of the hospital.

1S.6 **SCHEDULING SURGICAL PROCEDURES**

All operations shall be scheduled by the attending surgeon with the operating room supervisor whenever possible. Surgeons must be in the operating room and ready to begin surgery, at the time scheduled. The operating room will not be held longer than fifteen (15) minutes after the time scheduled. The case, if delayed because of the Surgeon's absence, will be placed at the end of the schedule or be rescheduled.

1S.7 **FIRST ASSISTANT IN THE OPERATING ROOM**

A. **QUALIFICATIONS**

The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions which will help the surgeon carry out a safe operation with optimal results for the patient. The Department of Surgery Medical Staff supports the concept that ideally, the first assistant to the surgeon should be a qualified surgeon. However, surgeon assistants (SA) or physician assistants (PA) with additional surgical training may be employed if they meet national standards. These individuals are not authorized to operate independently. Registered Nurses with additional specialized training may also function as first assistants only where more completely trained assistants are not available. In such cases, however, the assigned nurse shall function solely as the first assistant and not also as the scrub or instrument nurse. Practice privileges of those acting as first assistants should be based upon verified credentials reviewed and approved by the hospital credentialing committee.

1S.8 **OBSERVERS**

Only members of the medical, dental and nursing professions may be present in any of the operating rooms during the performance of an operation without specific permission of the Attending Physician and the Hospital Administrator or his designate, e.g., the Operating Room Supervisor.

1S.9 **LABORATORY TESTS**

All elective surgery cases who have not had their laboratory or radiological tests completed prior to the day of surgery should be admitted prior to 2:00pm on the day prior to surgery.

1S.10 **OPERATIVE REPORTS DICTATED**

Operative reports shall include indications, a detailed account of the findings at surgery, as well as the details of the surgical technique. Operative reports shall be dictated within twenty-four (24) hours following surgery. If dictation is delayed for any reason a comprehensive progress note regarding surgery must be made in the medical record.

II. **DENTAL/PODIATRY STAFF**

2S.1 **DENTAL STAFF**

A. Dental Staff members with privileges in general practice shall perform procedures which fall into the realm of general restorative, non-surgical dentistry.

B. Privileges in all recognized specialties of dentistry shall be limited to those Dentists who are certified or eligible for certification by the appropriate certifying board.

C. Definition of a primary dentist is outlined in the Medical Staff Rules and Regulations, ARTICLE X. AFFILIATED HEALTH PROFESSIONAL, 10.3 - Primary Dentists.

D. Qualified Oral Surgeons may perform history and physical examination on their own patients.

2S.2 **PODIATRIC STAFF** - Definition of a Podiatrist is outlined in ARTICLE X. - AFFILIATED HEALTH PROFESSIONAL, 10.1 - PODIATRISTS.

2S.3 **DENTISTS/PODIATRISTS**

A patient admitted for dental or podiatric care is a dual responsibility of the dentist/podiatrist and physician appointee of the Staff. Admission of such a patient shall be the responsibility of the attending physician, who must be a member of a medical staff category with appropriate privileges to oversee the general medical care of the patient.

A. **RESPONSIBILITIES OF THE DENTIST/PODIATRIST**

1. A detailed dental/podiatric history justifying hospital admission.
2. A detailed description of the examination of the oral cavity/feet and pre-operative diagnosis.
3. The dentist/podiatrist is totally responsible for the oral dental and podiatric care.
4. Progress notes as are pertinent to the oral/podiatric condition.
5. A complete operative report, describing the findings and techniques.
6. Discharge Summary.

B. **PHYSICIAN'S RESPONSIBILITIES:**

1. Medical history pertinent to the patient's general

- health.
2. A physical examination to determine the patient's general health status while hospitalized.
 3. The physician is not responsible for any dental/podiatric care or consequences thereof.
 4. Availability during the performance of a surgical procedure.
 5. Discharge of a dental/podiatric patient shall be the responsibility of the attending practitioner.

III. **ANESTHESIA**

3S.1 Anesthesia is a division of the Department of Surgery. The Chairman of the Department of Surgery has the immediate and final responsibility.

3S.2 **PRE-OPERATIVE VISIT**

Pre-operative visits by the Anesthesiologist are to be made the evening before the scheduled surgery. He shall study the clinical history, physical findings, laboratory data, allergies and x-ray reports. During this visit an effort should be made to reassure the patient about the anesthesia and to answer any questions. He is to evaluate all findings so as to give the patient the best possible care. Premedication orders shall then be written.

3S.3 **POST-OPERATIVE VISIT**

A post-operative evaluation will be made in a timely fashion by the Anesthesiologist or his designate.

3S.4 **OPERATIVE PERIOD**

- A. The patient's chart shall be checked by the Operating Room Nurse and any missing reports, consents or forms shall be obtained prior to the start of the surgical procedure.
- B. The Anesthesiologist shall identify the patient by chart, name and I.D. bracelet. A review of the patient's condition is also done at this time.
- C. A continuous record is kept by noting the progress of anesthesia at five (5) minute intervals, and recording this, plus other information, on the Anesthesia Record Form.

3S.5 **POST OPERATIVE PERIOD**

- A. The duties of Anesthesiologists are those as outlined in the delineation of privileges as formulated by the Department of Surgery. The Anesthesiologists are available for consultation regarding respiratory, cardiovascular or coma problems when requested by the patient's primary physician.
- B. Anesthesiologists who are in the hospital and not administering an anesthetic or directly supervising patient care will respond to the "Code Blue" call for emergency cardiopulmonary resuscitation and aid in any way possible.

- C. An anesthesiologist is available when requested for surgical emergencies after normal operating hours, on weekends and holidays. A schedule is prepared by the Anesthesiologist practicing at Cape Coral Hospital indicating the Anesthesiologist available for emergency coverage.

IV. **SUPPLIES AND MAINTENANCE**

- 4S.1 Operating Room personnel is responsible for ordering routine supplies and drugs. Restocking carts and checking of equipment are included in duties. If defective equipment is identified, the Hospital Engineering Department shall repair it if possible or arrange for repairs.
- 4S.2 Inspection of major equipment is provided through the manufacturer's maintenance representative.
- 4S.3 Cleaning and disinfecting procedures followed are as outlined in NFPA 56A '72-Appendix F.

V. **OUT PATIENT SURGERY**

- 5S.1 The following are minimal requirements for out-patient surgery that will require general anesthetic:
 - A. Nothing by mouth after midnight just prior to surgery - not even water.
 - B. History and physical examination shall be completed.
 - C. Appropriate laboratory and radiological reports shall be completed.
 - D. EKG shall be completed on patients over age forty (40) or if otherwise indicated.

- VI. **PHOTOGRAPHY** In cases where any photography of a patient is planned, a properly executed and witnessed consent must be obtained.

VII. **PROVISIONAL MEMBER ER BACK-UP**

- 7S.1 Provisional Staff Members will take equal rotation of all back-up ER call on the same basis as Active members in the Department of Surgery.

- VIII. **SPECIALISTS ON CALL** - All surgical specialties will provide a back-up roster of physicians on call to the Emergency Department. It will be the responsibility of the surgeon on call to find a replacement if he is unable to respond when called by the Emergency Department. If the surgeon on call is tied up in surgery, he may discuss with the Emergency Department physician who might be contacted in his place. If the surgeon on call cannot be reached, the following procedure is used:

- A. Call the surgeon or the surgical group covering for the surgeon on call the previous twenty-four hours.

- B. If he is unavailable, call the surgeon or surgical group covering for that surgeon that was on call forty-eight hours prior.
- C. If he is unavailable, use the overhead paging system to see if a surgeon is available.
- D. If all of the above fails, call the Chairman of the Department of Surgery.

GENERAL/VASCULAR SURGERY

Upon his/her request, a General/Vascular surgeon may be relieved from the Emergency Room back-up call roster, if he/she has served on the Emergency Room back-up call for the appropriate number of years listed in 8S.1 and 8S.2 below.

8S.1 GENERAL SURGERY

- All general surgeons are required to take call, unless an exemption applies.
- Each surgeon shall be designated a primary hospital based on highest volume of elective general surgery cases.
- Hospitals with general surgery gaps in coverage will transfer (distributed proportionately) to hospitals with coverage.
- Each surgeon's call obligation shall be established based on the number of general surgeons providing call coverage system-wide.
- Call obligation exemption - a general surgeon may be relieved from Emergency Department call responsibility, upon written request, after twenty (20) years of ED call service in this community, providing there is a minimum of seventeen (17) general surgeons system-wide providing general surgery emergency call.

8S.2 VASCULAR SURGERY

- All Associate and Active Staff vascular surgeons are required to take vascular call. A vascular surgeon may be relieved from Emergency Department call responsibility, upon written request, after twenty-five (25) years of service.
- All Associate and Active vascular surgeons are required to take vascular trauma call. A vascular surgeon may be relieved from vascular trauma call responsibility, upon written request, after twenty-five (25) years of service, providing there is a minimum of twelve (12) vascular surgeons system-wide on vascular trauma call.

8S.3 ENT SURGERY

An ENT Surgeon may be relieved from the Emergency Room backup call roster upon his request, if he has given fifteen (15) years of Emergency Room Backup service to Cape Coral Hospital and providing a minimum of four (4) physicians remain to provide Emergency Room Coverage. Courtesy staff members will act as backup to the Emergency Room call roster in order to maintain four (4) person coverage. In the event that a member of the Active Staff drops off, a Courtesy member will fill that call slot. If there is more

than one Courtesy Staff member, all Courtesy members will participate on a rotational basis. In the event that the addition of one or more Active Staff members brings the roster above the minimum of four (4), the Courtesy member(s) will be taken off the roster until the total drops below four (4).

8S.4 **NEUROSURGERY**

A Neurosurgeon may never be relieved from the Emergency Room backup call roster.

8S.5 **OPHTHALMOLOGY**

An Ophthalmology Surgeon may be relieved from the Emergency Room backup call roster upon his request, if he has given ten (10) years of Emergency Room Backup service to Cape Coral Hospital and providing a minimum of six (6) physicians remain to provide Emergency Room Coverage.

8S.6 **ORTHOPEDICS**

An Orthopedic Surgeon may be relieved from the Emergency Room backup call roster upon his request, if he has given fifteen (15) years of Emergency Room Backup service to Cape Coral Hospital and providing a minimum of seven (7) physicians remain to provide Emergency Room Coverage.

8S.7 **PLASTICS**

All Provisional, Active and Courtesy plastic surgeons will have an ED call responsibility of no more than two (2) calls per month. A plastic surgeon may be relieved from serving on plastic surgery emergency backup call at his/her request (in writing), provided he/she has served twenty (20) years on staff.

8S.8 **PODIATRY**

A Podiatric Surgeon may be relieved from the Emergency Room backup call roster upon his request, if he has given five (5) years of Emergency Room Backup service to Cape Coral Hospital and providing a minimum of eight (8) physicians remain to provide Emergency Room Coverage.

8S.9 **UROLOGY**

All urologists (Provisional, Active and Courtesy) will be required to take ED call. If unable to take call, it will be his/her responsibility to arrange for adequate coverage.