

GCMC

Department of Surgery

Rules & Regulations

- 1201 The Department of Surgery shall meet at least annually at a time and place designated by the Department Chairman.
- 1202 The Department of Surgery shall consist of all recognized surgical specialists, dentists and podiatrists.
- 1203 If specialists desire to form a specialty section within the Department of Surgery, they may do so with the approval of the Executive Committee. A chairman shall be elected and meetings will be held at least annually. Minutes of specialty section meetings will be taken and forwarded to the Chairman of the Department of Surgery. The appointees of the specialty department shall attend regularly scheduled Surgery Department meetings.
- 1204 All Active and Associate Medical Staff appointees assigned to the Department of Surgery shall be encouraged to attend all regular Department and specialty section meetings.
- 1205 The officers of the department shall be:
- a. A Chairman, whose qualifications, selection tenure and functions will be as specified in the Medical Staff Governance Policies.
 - b. A Vice-Chairman, whose qualifications, selection, tenure and functions will be as specified in the Medical Staff Governance Policies.
- 1206 Only Active Staff appointees are eligible to vote at Department meetings. All actions of the Department will be decided by majority vote of those Active appointees 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 quorum is defined as fifty (50) percent of the Active appointees of the Department.
- 1207 All tissue removed at surgery shall be referred to the Medical Center's pathologist for interpretation except those tissues specifically addressed in the Patient Care Policy #RI.12.00 as approved by the Executive Committee. All tissue removed at surgery and all specimens from patients will be the property of the Medical Center.
- 1208 The Department of Surgery shall be responsible for tissue review. This tissue review shall include an evaluation of preoperative and postoperative diagnoses, the indications for surgery, and actual diagnosis of tissue removed at surgery. Similar review shall be performed with respect to those situations in which no tissue was removed at the time of surgery.
- 1209 All operations shall be scheduled by the attending surgeon with the operating room supervisor whenever possible. The surgeon 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 will be placed at the end of the schedule or must be rescheduled.
- 1210 In case of major elective surgery where it is deemed there is an unusual hazard to life, there shall be another appointee in the Department of Surgery as an assistant. The surgical assistant may also be an Allied Health Professional who has been credentialed as a surgical assistant.
- 1211 Only members of the medical, dental, podiatric and nursing professions involved in the case may be present in any of the operating rooms during the performance of an operation without specific permission of the attending practitioner, attending anesthesiologist (if involved) and Director of OR/PAC.
- 1212 All appointees to the Medical Staff and all visitors shall abide by the rules for prevention of explosion hazards and the sterility rules of the surgical suites.
- 1213 Dentist appointees with privileges in general practice shall perform all procedures, which by local custom and periodic review by the Department of Surgery fall into the realm of the general practice of dentistry with the following limitations:
- a. Periodontics: Those dental staff appointees with privileges in general practice shall be limited to those surgical procedures necessary for the completion of restorations on the individual teeth that are being treated at the time.
 - b. Oral Surgery: Those dental staff appointees with privileges in general practice shall not be permitted to remove more than two erupted teeth per quadrant or any bone impactions.
- 1214 Privileges in all recognized specialties of dentistry shall be limited to those dentists who are certified by the appropriate specialty boards, or who have completed approved residency training programs.
- 1215 Qualified oral surgeons who admit patients without medical problems may perform the history and physical examinations on those patients if they have such privileges, and may assess the medical risk of the proposed surgical procedure. For this provision, non-physician members of the Medical Staff shall be identified as dentists and podiatrists. Non-physician members of the Medical Staff are granted privileges to admit patients to inpatient services provided consultation is made for medical evaluation of these patients by a qualified physician.
- 1216 Medical Staff coverage of the Emergency Department by practitioners assigned to the Department of Surgery shall be provided as follows:
- a. A rotating call list shall be maintained for patients who do not have a physician in accordance with the provisions of the Medical Staff Bylaws.
 - b. Any physician on the call list is responsible for filling his obligation by either taking the call himself or arranging with another appointee to fulfill the obligation.
 - c. Changes in the General Surgery call list will be generated by the Department of Medical Staff Services.
 - d. When a patient's condition requires a specialist, the patient's family physician or the patient will be given the choice of specialist to be called, except in emergency situations when an on-call specialist is called first.

e. Individual specialties may determine the requirements for being relieved from serving on the ED call list.

- 1) ENT - Medical Staff appointments and reappointments to the Section of ENT will be made to the Active and Associate status only in order to assure our ability to provide adequate ED call coverage. A minimum of seven (7) ENT physicians will share the ED call coverage. Active and Associate members with less than fifteen (15) years of medical staff service and who are less than 70 years of age shall be required to serve on the ED call
- 2) Orthopedic Surgery - Call will be combined for LMH, HP and GCMC. One Orthopedic surgeon will cover orthopedic emergency backup call at LMH, HP and GCMC. An Orthopedic Surgeon may be relieved from serving on Orthopedic emergency backup call at his/her request (in writing), provided he/she has served fifteen (15) years and providing a minimum of fifteen (15) surgeons remain on the call roster to provide Orthopedic emergency coverage. Changes can be made with majority vote of the Orthopedists with thirty (30) days notice.
- 3) Plastic Surgery - All Active and Associate 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.
- 4) 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.
- 5) 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.
- f. Ophthalmology - Ophthalmology call will be combined for LMH, HP and GCMC. One Ophthalmologist will cover Ophthalmology emergency backup call at LMH, HP & GCMC. All new Ophthalmologists shall be encouraged to join the Medical Staffs of Lee Memorial Hospital, HealthPark Medical Center and Gulf Coast Medical Center and shall

require review and recommendation from the Section Chief for assignment to the appropriate Emergency call coverage. An Ophthalmologist may be relieved from serving on the Emergency Department backup call, at his request, provided he has given ten (10) years of Emergency Department backup service and providing a minimum of twelve (12) physicians remain on the roster to provide Emergency Department coverage. Any Ophthalmologist who resigns from the Medical Staffs or drops privileges voluntarily without reason will lose call tenure and be required to begin ED call service at day one if he/she rejoins the Medical Staffs. The following six holidays will be assigned to the six newest Ophthalmologists on staff: New Year's Day; Memorial Day; 4th of July; Labor Day; Thanksgiving; and Christmas.

- g. Urology - All Urologists (Active and Associate) will be required to take ED call. If unable to take call, it will be his/her responsibility to arrange for adequate coverage.