

LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida

DEPARTMENT OF SURGERY
Rules & Regulations

I. MEMBERSHIP REQUIREMENT

A. Surgical Privileges

All members of the Department of Surgery shall be Board Certified or at the time of application meet all requirements for board certification, i.e. trained and qualified to take the board examination as a requirement for Provisional, Active or Courtesy appointment. Dentists and podiatrists must meet requirements outlined in Bylaws.

II. APPOINTMENT

All members of a surgical specialty or sub-specialty shall be members of this Department.

III. MEETINGS

A. Department of Surgery

1. The Chairman may call a Department of Surgery meeting as often as necessary to carry out the business of the Department.
2. There shall be quarterly Surgery Council meetings of the Section Chiefs.

B. Sections

1. Sections shall meet as often as may be necessary to carry out the business of the Section, but no less than twice a year. The Section Chief shall determine schedule of meetings.

IV. SECTIONS

A. At LMH & HPMC, each physician practicing in a surgical specialty will be a member of that specialty section. The following sections have been established:

1. Anesthesia
2. Dental
3. General Surgery
4. Neurosurgery
5. Ophthalmology
6. Orthopedic Surgery

7. Otolaryngology
8. Plastic Surgery
9. Podiatry
10. Thoracic Surgery
11. Trauma Surgery
12. Urology

V. SECTION FUNCTIONS

Members of the Section will:

- A. Meet at least twice each year.
- B. Elect a Section Chief to serve a two-year term of office.
- C. Review and recommend criteria for granting privileges for performing specialty or subspecialty procedures.
- D. Review the quality of care provided by members of the section and make appropriate recommendations for improvement.
- E. Will assist hospital administration, if requested, in matters related to specialty or subspecialty service planning.
- F. Address problems within the section and if necessary recommend action to the Department of Surgery.

VI. SECTION CHIEF FUNCTIONS

- A. Interview all new physicians applying for staff privileges within his specialty or subspecialty.
- B. Serve as liaison to Chairman of Department of Surgery on quality-related issues.
- C. Represent his section at Surgery Council meetings.
- D. Review section member reappointments and complete peer recommendation.

VII. EMERGENCY 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.

VIII SPECIALISTS ON CALL

A. 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.

B. VASCULAR SURGERY

- All Associate and Active 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.

- C. OTOLARYNGOLOGY – An otolaryngologist may be relieved from serving on the Emergency Department backup call roster upon his request, if he has given fifteen (15) years of Emergency Department backup service at Lee Memorial Health System and providing a minimum of seven (7) physicians remain to provide Emergency Department coverage.

Courtesy staff members will act as backup to the Emergency Department call roster in order to maintain seven (7) 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 seven (7), the Courtesy member(s) will be taken off the roster until the total drops below seven (7).

D. **NEUROSURGERY** – A neurosurgeon may never be relieved from the Emergency Department backup call roster.

E. **OPHTHALMOLOGY** – All new ophthalmologists shall be encouraged to join the Medical Staffs of Lee Memorial Hospital, HealthPark Medical Center and Southwest Regional Medical Center and shall require review and recommendation from the Section Chief for assignment to the appropriate Medical Staff category in order to ensure 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.

F. **HAND SURGERY** – Physicians taking hand call must be members of the Active Staff who have hand surgery training through a plastic surgery residency, orthopedic residency or a hand fellowship. Any physician with hand surgery privileges will be required to take Emergency Room hand call unless he has been on the staff longer than ten (10) years and providing there are at least seven (7) surgeons covering the Emergency Department hand call schedule.

G. **PLASTIC SURGERY** – All Associate and Active 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.

H. **ORTHOPEDIC SURGERY** – An orthopedist may be relieved from serving on the Emergency Department backup call roster at his request (in writing) provided he 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.

I. **FOOT SURGERY** – Practitioners taking foot call must be members of the Medical Staff who have foot surgery training through a podiatric residency or orthopedic surgery residency. Foot call is mandatory for all staff podiatrists with surgical privileges. Foot call will remain optional for other qualified physicians. All physicians on foot call must provide at least seven (7) years of

service. He/she may then be relieved from the schedule provided ten (10) practitioners remain on the foot call roster.

- J. **UROLOGIC SURGERY** – A urologist may be relieved from serving on the Emergency Department backup call roster at his request if approved by the Urology Section, provided he has served as an Active Member of the staff on the Emergency Department call roster for a minimum of ten (10) years, and eight (8) urologists remain on the roster to provide Emergency Department coverage. Urology call may be separate for LMH and HPMC providing there is adequate coverage at both hospitals. Any physician covering E.D. call at a hospital, may receive consultations and perform surgery. If a physician does not take E.D. call at a hospital, he/she may not receive consultations and may not perform surgery at that hospital.
- K. **FACIAL FRACTURE** – the following specialties comprise the Facial Fracture call coverage: Oral & Maxillofacial Surgery, Plastic Surgery, Otolaryngology; and Occular Plastic Surgery. All new physicians in these specialties who are trained and can demonstrate competence are required to take facial fracture call. Physicians may be relieved if he has served a minimum of fifteen (15) years and there is a minimum of twelve (12) physicians remaining on the roster.

IX. CRITERIA FOR GRANTING OF PRIVILEGES

A. VASCULAR SURGERY CRITERIA

1. Vascular surgery is a sub-section of general surgery, cardio-thoracic surgery and neurosurgery.
2. To be considered eligible for privileges in vascular surgery, the applicant must be:
 - a. A graduate of a residency in vascular surgery approved by the RRC for surgery and provide a letter from the program director attesting to satisfactory completion of the training program. It is recommended that the applicant take and pass the ABS Examination for Special or Added Qualifications in General Vascular Surgery within three (3) years of graduation;
 - b. Board eligible or certified in general surgery and have successfully completed at least one year of fellowship in peripheral vascular surgery. In addition, a case list must be submitted documenting performance of at least seventy (70) category I arterial reconstructions certified by the program director. Written verification by the program director attesting to the individual's qualifications to practice vascular surgery is required. If requested, documentation of operative notes and discharge summaries may be required;

- c. Board eligible or certified general surgeons who have completed training before 1984, must submit a log of their last fifty (50) consecutive Category I vascular surgery cases or two years experience, whichever is greater, with documentation of the operative notes and discharge summaries. Written verification by their last Department Chairman attesting to the individual's qualifications to practice vascular surgery is required;
 - d. Board eligible or certified neurosurgeons who can document adequate training in the field of carotid endarterectomy and who have performed twenty (20) carotid endarterectomies may be granted privileges to perform this procedure. Written verification by the program director attesting to the individual's qualifications to practice vascular surgery is required. If requested, documentation of operative notes and discharge summaries may be required;
 - e. Cardio-thoracic surgeons must submit a log of approximately seventy (70) Category I vascular surgery cases with a broad mix, during the three years of the residency. Written verification by the program director attesting to the individual's qualifications to practice vascular surgery is required. If requested, documentation of operative notes and discharge summaries may be required; or
 - f. Board eligible or certified cardio-thoracic surgeons who completed training before 1984 must submit a log of their last fifty (50) consecutive Category I vascular surgery cases or two years experience, whichever is greater, with documentation of the operative notes and discharge summaries.
2. Microvascular surgery of the hand, foot and flaps are not included in the above criteria.

B. CARDIAC SURGERY CRITERIA

Criteria for cardiac surgery include privileges in the surgical and non-surgical diagnostic and therapeutic measures for the treatment of cardiac and the great vessel disorders within the thorax and blood vessels throughout the body. A cardiac surgeon must provide proof that he has submitted an application to the American Board of Thoracic Surgery and has been accepted for examination by the board within six months after completing his training and must be certified by the American Board of Thoracic Surgery within five years after completing his formal training. This training should include special emphasis on cardiac surgery. He must provide evidence of personally performing fifty cardiac surgical cases annually to demonstrate he

has maintained his proficiency during the twenty-four months prior to his application for privileges. The use of the heart-lung machine shall be limited to those who have cardiac surgical privileges.

C. THORACIC SURGERY CRITERIA

Criteria for privileges in thoracic surgery includes surgical and non-surgical diagnostic and therapeutic measures for the diseases involving the chest wall

and musculature including the diaphragm and the viscera within the chest together with such extra thoracic procedures necessary to carry out diagnosis and treatment of intrathoracic diseases. The thoracic surgeon must provide proof that he has submitted application to the American Board of Thoracic Surgery and has been accepted for examination by the board within six months after completing his training and must be certified by the American Board of Thoracic Surgery within five years after completing his formal training.

D. LAPAROSCOPIC CHOLECYSTECTOMY CRITERIA

- g. Physician must have privileges to do open biliary procedures.
- h. Provide documentation of laparoscopy cholecystectomy course, or provide documentation of performing ten (10) cases.
- i. To perform laser laparoscopic cholecystectomy, laser privileges are required.

E. CRYO-SURGICAL ABLATION OF THE PROSTATE CRITERIA

Physicians requesting privileges must be Board eligible or certified in urology. Candidates must document successful completion of a training course in cryo-surgical ablation of the prostate (which includes a didactic and hands-on experience) and must perform at least four (4) procedures under a preceptor who has credentials in cryo-surgical ablation of the prostate. The preceptor must certify that the candidate is qualified to perform the procedure.

Physicians just completing a residency program are required to submit documentation from the program director attesting to current clinical competence in the performance of cryo-surgical ablation of the prostate.

X. 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:

1. Tissue removed during the course of repair of fresh trauma, e.g., normal bone fragments, muscle, torn pieces of tendon.
2. Removed internal fixation hardware or wires
3. Neurosurgical prosthesis and shunts
4. Skull bone flaps and bone fragments
5. Intracerebral and extracerebral blood clots
6. Hyperplastic gingival tissue and teeth
7. Nasal cartilage and nasal bone
8. Ear ossicles
9. Salivary stones
10. Normal skin, necrotic skin and excised scars
11. Cataracts
12. Skin and tarsal plate resulting from plastic surgery to the eye.
13. I.U.D.
14. Foreskin
15. Hernia sacs
16. Ribs
17. Varicocele and vein stripping products
18. Meniscus
19. Nails and bunions
20. Atheromatous plaque

21. Vascular grafts
22. Gall stones
23. Urinary tract stones
24. Foreign bodies
25. Placenta from cesarean sections

26. Disc material taken during routine spine surgery

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.

Drafted: 02-26-99
Approved by Surgery Council: 05-25-00
Reviewed by Surgery Council: 08-19-04
Revised by Surgery Council: 11-30-04
Approved by Surgery Council: 02-17-05
Revised by Surgery Council 05-17-06
Approved by Exec. Comm. 06-20-06
Revised by Surgery Council 02-22-08
Approved by Exec. Comm. 03-12-08
Revised by Surgery Council 05-29-08
Approved by Exec. Comm. 06-11-08
Approved by Exec. Comm. 05-13-09
Approved by Board of Directors 02-25-10