

SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER

RULES AND REGULATIONS

1000 DEPARTMENT OF SURGERY

- 1001 The Department of Surgery shall meet at least annually at a time and place designated by the Department Chairman.
- 1002 The Department of Surgery shall consist of all recognized surgical specialists, dentists and podiatrists.
- 1003 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.
- 1004 All Active and Provisional Active Medical Staff appointees assigned to the Department of Surgery shall be encouraged to attend all regular Department and specialty section meetings.
- 1005 The officers of the department shall be:
- a. A Chairman, whose qualifications, selection tenure and functions will be as specified in the Medical Staff Organizational Policies.
 - b. A Vice-Chairman, whose qualifications, selection, tenure and functions will be as specified in the Medical Staff Organizational Policies.
- 1006 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 thirty (30) percent of the Active appointees of the Department.
- 1007 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.
- 1008 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.
- 1009 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.
- 1010 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.
- 1011 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.

- 1012 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.
- 1013 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.
- 1014 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.
- 1015 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.
- 1016 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) Medical Staff appointments and reappointments to the Section of ENT will be made to the Active and Courtesy 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 Courtesy 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) An Orthopedic physician on the Medical Staff for ten (10) years may elect to be removed from ED call coverage provided there is a minimum of twelve physicians available to cover ED call.
 - 3) A minimum of five (5) Plastic Surgery physicians should share the ED call coverage. The five (5) junior members on the Staff will provide the ED coverage.
 - 4) A minimum of nine (9) General Surgery physicians should share the ED call coverage. The nine (9) junior members on the Staff will provide the ED call coverage. Courtesy members with at least 25 patient contacts in a calendar year shall be required to serve on the ED call schedule.
- Medical Staff appointments and reappointments to the Section of Ophthalmology will be made to the Active and Courtesy status only in order to assure our ability to provide adequate ED call coverage. A minimum of twelve (12) Ophthalmology physicians will share the ED call coverage rotation. Active and Courtesy members shall be required to serve on the ED call schedule and included in the twelve (12)

newest appointees to the medical staff. Call rotation is for a seven-day period beginning on Tuesday morning.