SUTTER MEDICAL CENTER SACRAMENTO
DEPARTMENT OF CARDIOVASCULAR DISEASE
RULES AND REGULATIONS

I. DEPARTMENT MEMBERSHIP

Members of the Department of Cardiovascular Disease are those physicians whose practice at Sutter Medical Center Sacramento consists of the diagnosis and treatment of cardiovascular disease. The department shall be comprised of the following physician specialists: Cardiovascular Surgeons and Adult Cardiologists.

A. Training and Experience Requirements for Cardiovascular Surgeons:

1. In addition to the membership requirements applicable to all members of the Medical Staff, Cardiovascular Surgeons shall be Board Certified or Board Admissible, as defined by the American Board of Thoracic Surgery.

   - OR –

2. Have training and experience which, in the opinion of the Department, are appropriate for membership. Such applications must document satisfactory completion of five (5) years of practice in a Joint Commission accredited hospital where he/she exercised cardiac surgery privileges comparable to those being requested at this facility and must document current clinical competence (number of procedures and outcomes), as set out in any existing department guidelines for privileges.

3. Cardiovascular Surgeons shall have full privileges in Cardiac Surgery. Exercise of Cardiac Surgery privileges requires that the surgeon be a member of a Cardiac Surgery Team, as outlined in the “Special Rules Applicable to Cardiac Surgery” (which may be revised from time to time).

B. Training and Experience Requirements for Cardiologists:

1. In addition to the membership requirements applicable to all members of the Medical Staff, Cardiologists shall be Board Certified or Board Admissible in Cardiovascular Disease by the American Board of Internal Medicine,

   or

2. have completed three or more years of post residency training in Cardiology,

   or

3. have training and experience which, in the opinion of the Department, are appropriate for membership. Such applicants must document satisfactory completion of five (5) years of practice in a Joint Commission accredited hospital where he/she exercised Cardiology privileges comparable to those being requested at this facility, and must document current clinical competence (number of procedures and outcomes), as set out in any existing department guidelines for privileges.
II. DEPARTMENT PRIVILEGES

A. Privileges for department members are outlined on the Cardiovascular Disease Department Privilege List. Privileges may be added, amended, and deleted, based on changing practice patterns, with the recommended approval of the Department Administrative Committee and through the Board of Directors.

B. In addition to the Criteria for Cardiovascular Disease Privileges and Special Rules Applicable to Cardiac Surgery, which outlines the training and experience requirements for privileges, there are other special procedures which have their own specific written criteria and proctoring requirements. These criteria are reviewed and updated as needed, or at least every three years.

III. DEPARTMENT OFFICERS

A. There shall be the following officers of the Department of Cardiovascular Disease, selected as set forth in the Medical Staff Bylaws:

1. Chief  
2. Vice-Chief  
3. Secretary

B. Selection

The process for nominating and electing department officers shall be as described in the Medical Staff Rules at 12.03-2.

C. Qualifications

1. The Department Chief and Vice-Chief shall:

   a. Be board certified or board admissible in their specialty, as required by California hospital licensure regulations.

   b. Have demonstrated clinical competence in their specialty sufficient to demand the respect of Department members

   c. Have an understanding of the purposes and functions of the Staff organization and a demonstrated willingness to promote patient safety over all other concerns.

   d. Be (and remain during tenure in office) a member in good standing of the Active medical staff.
2. The Secretary shall be a member of the Active Staff (and remain so during tenure of office).

D. Duties, Authority and Accountability of the Department Chief

1. Duties

   a. Ensure the effective performance of all Department functions as set forth in the Medical Staff Bylaws.

   b. In conjunction with the Chief of Staff and the Department Administrative Committee, establish objectives for ensuring the quality of medical care within the Department, and assist in developing programs to achieve these objectives.

   c. Ensure the establishment, maintenance and enforcement of professional standards within the Department and the continuing improvement of the quality of care rendered in the Department.

   d. Exercise such authority as deemed necessary so that, at all times, patient welfare takes precedence over all other concerns.

   e. In conjunction with the Medical Education Coordinator and the Department Administrative Committee, ensure that programs for the continuing education of department members are established and periodically evaluated.

   f. Establish and enforce, in conjunction with the Chief of Staff and the department Administrative Committee, written policies, rules and regulations for the Department, which shall be reviewed every three years.

   g. Supervise, or cause to be supervised, all staff members and Allied Health Professionals holding temporary privileges or a probationary appointment in the department.

   h. Keep staff members and Allied Health Professionals in the department informed as to established Department objectives and policies and the progress being made toward fulfillment of those objectives and policies.

   i. Implement any medical care policies and procedures adopted by the Board as they pertain to the Department.

   j. Monthly, with the assistance of the Administrative Committee, review the privileges granted physician members and Allied Health Professionals in the Department, for the purpose of making recommendations for the maintenance, increase, or reduction of such privileges. These recommendations are based upon performance improvement reports, observations of clinical performance, review of patient records, and other sources of information concerning clinical performance and compliance with applicable Medical Staff, Department and Hospital policies.
k. Chair all Department meetings, receive recommendations concerning medical care policies and procedures and report pertinent recommendations to the Chief of Staff and the Medical Executive Committee.

l. Serve as an ex-officio member of all committees of the Department and attend such committee meetings as deemed necessary for adequate information flow.

m. Ensure that records of performance are maintained and updated for all members of the department.

n. Report on activities of the Medical Staff to the Board when called upon to do so by the Chief of Staff or the Chief Executive Officer.

o. Be a member of the Medical Executive Committee.

p. Review, comment and approve all clinical contracts providing for patient care services falling under the Department’s auspices, utilizing criteria set forth in the Medical Staff Bylaws.

q. Oversee the Department’s compliance with the requirements of Title 22, California Code of Regulations, and the Joint Commission of Accreditation of Healthcare Organizations, insofar as they relate to the Medical Staff within the Department of Cardiovascular Disease.

2. Authority
   a. To suspend temporarily the privileges of any member of the Department whenever the personal or professional conduct of the member is such that a failure to take action may result in an imminent danger to the health of any individual or result in a severe disruption of Medical Staff or Hospital operations of a type that might result in danger to the health of any individual. The Department Chief should first consult with the Chief of Staff, if circumstances permit.

   b. To require consultations whenever, in his/her discretion, it is deemed necessary.

   c. To appoint the Chair and members of all Department committees.

3. Accountability
   a. The Department Chief is immediately responsible to the Chief of Staff.

   b. Shall regularly report to the Chief of Staff and the Medical Executive Committee regarding:

      1) The discharge of the functions of the department
2) The quality of medical care rendered in the department as reflected by ongoing quality improvement programs

3) All disciplinary actions in progress or being contemplated regarding any member of the department

4) All pending applications for appointment to the department and privileges requested

5) All requests by any member or allied health professional in the department for changes in privileges or staff classification

6) The conduct or professional performance of any member or allied health professional in the Department, or any other matter when so requested by the Chief of Staff or the Medical Executive Committee.

c. Keep the Chief of Staff informed of all violations of Hospital policies which put patient welfare in jeopardy, and report on action being taken to prevent such incidents from recurring.

E. Duties, Authority and Accountability of the Vice-Chief

1. Duties
   a. Assist the Department Chief in the performance of duties. In the absence or disability of the Chief, the Vice-Chief shall be responsible to perform the duties of the Chief.
   
   b. Chair department committees as requested by the Department Chief.
   
   c. Chair the department Quality Assessment Committee.

2. Authority - when acting in the role of, or at the direction of, the Department Chief, shall have authority described in paragraphs A and B above.

3. Accountability - shall be accountable to the Department Chief.

F. Duties, Authority, and Accountability of the Secretary

1. Duties
   a. Ensure that accurate and complete minutes of the official department meetings are maintained.
   
   b. Perform additional duties as may be assigned from time to time.
2. Authority and Accountability

Authority - when acting in the role of the Department Chief, shall have authority as described above for the Vice-Chief. Accountability - shall be accountable to the Department Chief.

IV COMMITTEES/MEETINGS

A. Morbidity and Mortality Conference/Cardiac Cath Conference- will be held at least four times a year.

B. Administrative/Quality Improvement Committee

1. Members shall be the three elected officers and five elected members-at-large; in addition to the immediate past Department Chief. A representative of Hospital Administration (appointed by the Chief Executive Officer) shall be a non-voting member. A representative of Nursing Administration, appointed by the Assistant Administrator of Nursing Services shall be a non-voting member. Other representatives, either permanent or temporary, may be appointed by the Department Chief.

2. The committee shall meet monthly to assist the Department Chief in the formation and enforcement of department policies and objectives, and to help ensure the effective performance of all functions of the department.

3. Performance improvement and peer review activities, from within the department, and from other clinical departments, medical staff committees, and medical staff teams will be addressed by the committee.

4. The Administrative Committee will be chaired by the Department Chief; the performance improvement and peer review activities are overseen by the Vice-Chief and the Vice-Chief shall chair Quality Improvement portion of the committee meeting.

C. Department Meetings – Department meetings will be held as needed. Department meetings may consist of provision of information about department and hospital business, and may include an education presentation. Department meetings will be chaired by the Department Chief.

D. Other temporary or Ad Hoc Committees, which may be required to facilitate the conduct of Department business shall be appointed by the Department Chief.

GENERAL REQUIREMENTS OF THE CARDIOVASCULAR DISEASE DEPARTMENT

PROCTORING

Proctoring in the department shall be carried out according to the principles outlined in
the Medical Staff Bylaws and Rules and in the Department of Cardiovascular Disease Proctoring Guidelines. In addition, proctoring guidelines for Cardiovascular Surgeons are found in the Special Rules for Cardiac Surgery, Quality Improvement Measures.

**Emergency Department Mandatory Coverage**

The Department will provide the Emergency Medicine Department with a list of members (one for Cardiovascular Surgery and one for Cardiology) who will provide backup for patients who present *either* without a primary physician or whose primary physician cannot be contacted within a reasonable period of time. If a physician from the mandatory call list does not respond, the Department Chief will be called.

**Scheduling and/or Readiness for Procedures**

- Patients will be brought to the preoperative/pre-procedure holding area sufficiently in advance of the scheduled surgery or cath lab/EP lab procedure to allow time for all pre-procedure activities to occur before the scheduled procedure start time.

- Primary surgeons/cardiologists should arrive in the Surgery Department, Cath Lab or EP Lab and check in with the OR/Cath Lab Staff and Anesthesiologist at least 15 minutes in advance of the scheduled procedure time.

- Co-surgeons and assistants should arrive in the Surgery or Cath Lab Department at least 15 minutes in advance of their anticipated portion of the surgery.

- If a surgeon or cardiologist is unavoidably delayed, he/she will contact the OR, Cath Lab or EP Lab Charge Nurse the moment they realize they are going to be late and at least 15 minutes or more prior to the scheduled procedure time to give estimated time of arrival. Charge Nurse may adjust schedule to accommodate this late arrival and move cases forward if necessary.

**VIII. ALLIED HEALTH PROFESSIONALS**

All Allied Health Professionals will be subject to training and supervision requirements as developed by the Department and approved by the Interdisciplinary Practices Subcommittee, the Medical Executive Committee and the Board of Directors.

**IX. REVISION OF DEPARTMENT RULES AND REGULATIONS**

A. The Cardiovascular Disease Medicine Department Rules and Regulations will be reviewed at least every three years and will be revised as necessary.

B. Proposed revisions will be submitted to the voting members of the Department for approval and will become effective upon approval of the department members, the Medical Executive Committee and the Board of Directors.
APPROVALS
Cardiovascular Disease Administrative/QI Committee       Date:  04/12/12
Medical Executive Committee, SMCS       Date:  05/22/12
Department of Cardiovascular Disease (Ballot)       Date:  07/20/12
Medical Policy Committee       Date:  09/06/12
Board of Directors       Date:  09/10/12

Developed:    Jul 1998
Reviewed:
Revised:  6/04; 6/05; 12/10; 4/12
Cardiovascular Disease Rules and Regs

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