Department of Surgery
Rules and Regulations

SUTTER MEDICAL CENTER, SACRAMENTO HOSPITALS

DEPARTMENT OF SURGERY
RULES AND REGULATIONS

APPLICABILITY

These rules and regulations apply to members of the Department of Surgery and to members of the other
departments who are exercising privileges in the Department of Surgery. Further, those rules and regulations,
relative to the operating rooms, shall apply to all Medical Staff members who utilize the operating suites.

Throughout these rules and regulations, the term "surgeon" includes surgeons as well as operating physicians,
dentists, podiatrists, radiation therapists and endoscopists.

ORGANIZATION

The Department of Surgery will be comprised of the following Sections:

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The sections will consist of members restricting their surgical practice to a given specialty and whose
credentials indicate qualifications to practice the specialty as evidenced by Board certification, by letter stating
the surgeon is a "candidate member" for certification, or by experience.

Each Section will have a chair elected biennially by its members at the end of every other calendar year.
Formal Sections shall develop rules and regulations specifying their purpose and responsibilities. These rules
and regulations shall be effective upon approval of the Surgery Administrative Committee, the Medical
Executive Committee and the Board. All members who do not fit into a specific existing section will be
Assigned to the General Surgery Section and will be subject to its rules.
DEPARTMENT OFFICERS

There will be a chief, a vice-chief and a secretary of the Department selected in accordance with the Medical Staff Bylaws.

Qualifications

An officer must be a member of the Active Staff with full privileges in his specialty and shall meet all qualifications as provided in the Medical Staff Bylaws.

Term of Office

The term of office is two years, from January 1 of the first year to December 31 of the second year.

Recall or Removal of Selected Officer

1. Recall of a Selected Officer - A department officer may be recalled from office for any valid cause, including, but not limited to, failure to carry out the duties of his office.

   a. Recall of a department officer must be initiated by the Executive Committee or by a majority vote of the Medical Staff members eligible to vote for department officers, but recall shall require either:

      (1) A two-thirds vote of the Executive Committee; or

      (2) A two-thirds vote of the Medical Staff members eligible to vote for department officers.

   b. If recall is effected by the department membership, the membership of the Senior Staff will vote by secret ballot for or against recall of a selected officer. The Medical Executive Committee, excluding members of the Department of Surgery, will count the ballots.

   c. In the event of the recall of a selected officer, the Chief of Staff will notify the Department, the Chief Operating Officer and the Board of Directors.

   d. If six months or more of the recalled officer's term remains, the usual selection process will be invoked to fill the vacancy. Otherwise, the Vice-Chief will serve as Chief, and the Secretary will serve as Vice-Chief in addition to continuing as Secretary for the remainder of the term.

Resignation of Department Officer

a. If six months or more of the resigned officer's term remains, the usual selection process will be invoked to fill the vacancy. Otherwise, the Vice-Chief will serve as Chief, and the Secretary will serve as Vice-Chief in addition to continuing as Secretary for the remainder of the term.
Duties

The Chief of Surgery shall:

1. Be responsible for the performance of those duties outlined in the Medical Staff Bylaws and Rules as follows:
   
a. Ensure the effective performance of all Department functions, as described in the Rules.
   
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 in the Department, patient welfare takes precedence over all other concerns.
   
e. In conjunction with the Medical Education Team and the Department Administrative Committee, ensure that programs for the continuing education of members of the Department 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 at least 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 the members and Allied Health Professionals in the Department informed as to established Departmental objectives and policies.
   
i. Implement any medical care policies and procedures adopted by the Board as they pertain to the Department.
   
j. At least biennially, with the assistance of the Department Administrative Committee, review the privileges granted Department members, members of other departments requesting surgical privileges, and Allied Health Professionals for the purpose of making recommendations for the maintenance, increase or reduction of such privileges. This recommendation will be based upon the direct observation of each practitioner's treatment of patients, a personal review of the records of patients treated in the Department and any other records which document any evaluation of the practitioner's clinical performance.
k. Chair all Department meetings, receive recommendations concerning medical care policies and procedures and report such 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 Operating Officer.

o. Be a member of the Medical Executive Committee.

2. Call and preside at meetings of the Surgery Administrative Committee.

3. Be an ex officio member of all sections.

4. Keep the Surgery Administrative Committee informed of Board of Directors and Medical Executive Committee actions and decisions.

5. Review Quality Improvement reports involving surgeons as submitted by the Integrated Quality Services Department and ongoing professional practice evaluations (OPPE).

6. Exercise as appropriate, authority to summarily suspend the privileges of any member of the Department whenever the 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 may result in a danger to the health of an individual.

7. Oversee the Department's compliance with the requirements of Title 22, California Code of Regulations and of the Joint Commission, insofar as they relate to the Medical Staff within the Department of Surgery.

The Vice-Chief of Surgery shall:

1. Assume the duties of the Chief of Surgery in his absence.

2. Chair the Surgical Quality Improvement Committee.
Department of Surgery
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The Secretary shall:

1. Keep minutes of the Department of Surgery meetings.

2. Keep minutes of the Surgery Administrative Committee meetings, giving good evidence of the
   review of clinical work done in the Department.

3. Keep the staff informed of communications between the Department and the Staff.

4. Assume the duties of the Vice-Chief in his/her absence and of the Chief in his/her and the
   Vice-Chiefs absence.

SECTION OFFICERS

Each Section will have a Section head who will be known as the Section Chair; there may also be a Vice-Chair and a Secretary.

Qualifications

A Section officer shall:

1. Have been a member of the Department in good standing for three years and is a member of
   the Active Staff.

Duties

The Chair of each formal Section shall:

1. Call and preside at Section meetings.

2. Ensure the development and enforcement of rules and regulations governing the efficient
   working of the Section.

3. Assist the Chief of Surgery in evaluating applicants for appointment and reappointment,
   and making recommendations to the Surgical Administrative Committee thereon.

4. Assist the Chief of Surgery in investigating and disciplining members of the Section.

5. Assist the Department Quality Improvement Committee in a review of work being done in the
   Section, including the proctoring of new members and the monitoring of all members of the
   Section.

6. Serve as a liaison between the Section members and the Surgery Administrative Committee.

7. Insure coverage of the Emergency Room, as further described on page 17.
The Vice-Chair, if any, shall assume the responsibilities of the Chair in his absence.

The Secretary, if any, shall maintain the minutes of all Section meetings. (If there is no Secretary, the Chair shall ensure that minutes are maintained.)

Term of Office

The term of office is two years, subject to continued good standing as a member of the Medical Staff.

Resignation of Section Chair

a. If six months or more of the resigned Section Chair’s term remains, the usual selection process will be invoked to fill the vacancy. If less than six months remains and the Section has a Vice-Chair then the Vice-Chair will serve as Chair for the remainder of the term.

MEETINGS

The Department and section meetings will be held as needed. Department and section meetings may be held jointly with the Surgery Department and Surgery Section of Mercy General Hospital and the location of such meetings may alternate between Mercy General Hospital and Sutter Medical Center, Sacramento Hospitals. Joint meetings shall be "noticed" as such, and minutes of such joint meetings shall be jointly available to both Medical Staffs in accordance with each Medical Staffs applicable record access policies.

COMMITTEES

Any duly-appointed committee (including ad hoc committees) given responsibility for evaluating professional qualifications or performance or for otherwise evaluating and improving the quality of care rendered in the hospital shall be deemed an organized committee of the Medical Staff.

Surgical Administrative Committee Members

1. Chief of Surgery
2. Vice-Chief of Surgery and Chair of Surgery Quality Improvement Committee
3. Secretary
4. Chair of all Sections
5. Immediate Past Chief- 2 years, ex officio
6. Director of Surgical Services (Non-voting)
7. Chief of the Department of Family Medicine or a designated representative approved by the Chief of Surgery.
8. Chief of Ob/Gyn Department or a designated representative approved by the Chief of Surgery.
9. Chief of Anesthesia or a designated representative approved by the Chief of Surgery.
10. Chief Operating Officer or his senior designee appointed by the Hospital's Chief Operating Officer (Non-voting)
11. A representative of Nursing Administration appointed by the Chief Nursing Executive (Non-voting)
12. Three Active Staff members-at-large appointed by the Chief of the Department of Surgery
Purpose

The purpose of the Surgical Administrative Committee is to assist the Department Chief in the formulation and enforcement of Department policy, programs and objectives, and to help ensure the effective performance of all functions assigned to the Department.

Duties and Authority

The Administrative Committee shall have such duties and authority as designated by the Department Chief including, but not by way of limitation:

1. Meeting monthly and maintaining a permanent record of its activities.

2. Reviewing reports from the Sections and the Surgery Quality Improvement Committee on the quality and quantity of work performed in the Department.

3. Reviewing recommendations from the O.R. Operations Council, and Operating Rooms regarding equipment, staffing and scheduling. Developing and revising rules and regulations to govern proper care and utilization of hospital surgical facilities and personnel, subject to approval by the Medical Executive Committee and the Board of Directors. Department members shall be informed of changes within 15 days of their adoption.

4. Reviewing recommendations for new procedures requested by the various Surgical Sections.

5. Evaluating applicants for appointment and reappointment, and making recommendations to the Credentials Committee and Medical Executive Committee thereon.

6. Assisting the Chief of Surgery in investigating and disciplining members of the Department.

7. Reviewing and acting upon reports from all committees and Sections in the Department.

8. Receiving, biennially, nominations for Chief, Vice-Chief and Secretary of the Department from the Nominating Committee, and presenting the nominations for voting at the October meeting of the Administrative Committee.

9. Recommending that the Chief appoint ad hoc committees for investigation and recommendations on subjects needing review by the Surgery Administrative Committee.

10. Continuing education, consistent with guidelines developed by the Education Team and the Medical Executive Committee.

11. Review of Department and Section Rules and Regulations and existing Policies, Procedures and Criteria at least every three years.
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Accountability and Relationships

1. The Administrative Committee is accountable to the Department Chief.

2. The role of the Administrative Committee is advisory. The Department Chief is responsible for the duties assigned to him; he may not delegate that responsibility to the Administrative Committee. However, he may request the assistance and advice of the Administrative Committee in all matters for which he is responsible.

3. The Chief of Surgery must report all actions voted on by the Surgical Administrative Committee to the Medical Executive Committee either by formal report or through the monthly excerpts from Medical Staff meetings.

Surgery Quality Improvement Committee

Members

1. Chair:
   a. Shall be the Vice-Chief of the Department of Surgery.
   b. Shall serve a two-year term of office.

2. Other members:
   a. Shall be members of the Senior Staff in the Department of Surgery. Shall be appointed by the Chief of Surgery and should be representatives of the ten sections, if possible.

Purpose

The purpose of the Surgery Quality Improvement Committee is to monitor and evaluate activities within the Department, including the identification of important aspects of care provided by the Department, the identification of indicators to be used to monitor the quality of care and the evaluation of care provided. The Surgery Quality Improvement Committee is to review care to draw conclusions, formulate recommendations, and initiate actions; and to communicate to appropriate members of the Department the findings, conclusions, recommendations and actions taken.

Duties and Authority

1. Hold monthly meetings, and maintain a permanent record of its activities.

2. Implement the quality improvement activities developed by the Department, Medical Executive Committee or Quality Council.

3. Review charts to evaluate morbidity and complications that do not fit predetermined criteria, cases referred from other committees, Medical Staff members, or via a patient safety report.
3. Chart review shall be for the purpose of assessing the quality of care rendered to the patients, as evidenced by:

a. Legibility of records.

b. The History and Physical examination that clearly indicates the surgical condition of the patient prior to the proposed surgery, leading to a definitive concept of what diagnosis the operating surgeon holds preoperatively. Complete H&P requirements can be found in the Medical Staff Policy for the Completion of Medical Records.

c. The detailed record of the operation performed, correlating this with the preoperative diagnosis.

d. An immediate postoperative note indicating the procedure performed, the problems encountered, if any.

e. Regular progress notes, indicating the condition of the patient in general, and a brief record of actual facts evaluated at the time of visits to the patient.

f. Discharge summary that concisely summarizes the care of the patient, including preoperative diagnosis, operation performed, the postoperative care and medications sent home with the patient and instructions to the patient.

5. Develop recommendations for corrective action based on review results.

6. Supervise and coordinate the activities of those Sections that assist in reviews, monitoring or proctoring of clinical work, and develop and implement proctoring programs in accordance with applicable provisions of the Medical Staff Bylaws and Rules.

Accountability and Relationships

1. The Surgery Quality Improvement Committee shall be accountable to the Department Chief.

2. The Surgery Quality Improvement Committee Chair shall report audit results to the Surgery Administrative Committee and Quality Council as appropriate, and shall evaluate and implement requests for specific audits.

3. Department members may suggest audit topics to the Department Chief, who shall bring such suggestions to the attention of the Department Quality Improvement Committee.

Ad Hoc Committees

The Department Chief or any Section Chair may appoint ad hoc committees to serve specific needs of the Department or Section.
MEMBERSHIP IN THE DEPARTMENT OF SURGERY

1. An application for membership in the Department of Surgery is referred to the Surgery Administrative Committee, which reviews the privileges requested and the credentials of the applicant in order to evaluate the request. A personal interview with the applicant may be conducted either by the committee, Section Chair or his/her designee. Recommendation shall be forwarded to the Credentials Committee and, then, to the Medical Executive Committee and the Board of Directors for action in accordance with the timelines outlined in the Medical Staff Rules. During the pendency of an application, an applicant may be granted temporary privileges upon compliance with the Medical Staff Bylaws and policy regarding temporary privileges.

2. The Department of Surgery will consist of those doctors limiting their work to this field of medicine and who meet at least one of the following criteria:
   a. Physicians who are certified by one of the surgical specialties recognized by the American Board of Medical Specialties or the equivalent; OR
   b. Physicians who have successfully completed an approved Surgical Residency; OR
   c. Physicians with previous 10 years of Hospital experience as a primary surgeon or dentist in a Joint Commission accredited hospital and have exercised similar privileges to those being requested.

3. Continued membership in the Department shall require:
   a. Continued authority to exercise clinical privileges in the Department (see below).
   b. Continued satisfactory performance of Medical Staff responsibilities and continued good standing on the Medical Staff.
   d. Compliance with any requirements for a personal interview and/or evaluation of the medical and mental status as may be determined by the Department Chief.

4. Medical Staff members from other Departments may apply for and be granted privileges in the Department, as provided below:

PRIVILEGES

1. Surgery Privileges
   a. Limited primary surgery privileges are procedure-specific. Minimum standards for limited surgical privileges shall be documentation of experience with the specific privilege(s) requested and documentation of one of the following:
      (a) two years of surgery residency
      - OR -
      (b) two years of a general or family medicine residency and one year of surgery residency
      - OR -
      (c) three years of general practice residency which includes one year of surgery training
Privileges will be granted on an individual basis depending on the applicant's training and experience. In addition, certain privileges may require specialized training outlined in that specific privilege criteria.

b. Full surgical privileges are section specific and represent a broad spectrum of the specialty. Full surgical privileges require, in addition to the above, Board certification, or admissibility for certification, in the appropriate specialty or a minimum of 10 years experience as a surgeon with privileges comparable to those being requested at a Joint Commission accredited hospital, and duly verified and evaluated. In addition, certain privileges may require special additional training.

2. Podiatric Privileges
   a. All licensed podiatrists who qualify for Medical Staff membership and privileges are eligible for Category I Podiatry privileges.
   b. Additional podiatric privileges require, in addition to the above, documentation of training and/or experience within the previous two years relevant to the category of privileges being requested.

General history and physical examinations for ASA class I and II anesthesia risk patients may be performed by qualified Podiatric Surgeons, who have been granted history and physical privileges.

Podiatrists are responsible for the part of their patients' history and physical examination that relates to podiatry for any ASA class III or higher anesthesia risk patient. The balance of the history and physical examination is to be completed by a physician (MD/DO) member of the Medical Staff in accordance with Medical Staff Policy on Completion of Medical Records.

3. Dental Privileges
   a. Basic dental privileges (General, Restorative and Basic Emergency Dentistry), Minimum standards for basic dental privileges (without operating room privileges shall be completion of one year of an accredited dental internship or residency program or ten (10) years of experience as a general dentist. Minimum standards for basic dental privileges including operating room privileges shall be completion of one year of an accredited dental internship or residency recognized by the American Dental Association.
   b. Specialty dental privileges which includes use of the Operating Rooms requires, completion of specialty dental residency recognized by the American Dental Association.
   c. Dentists are responsible for the part of their patients' history and physical examination that relates to dentistry. The balance of any required history and physical examination is
to be completed by a physician member of the Medical Staff in accordance with Medical Staff policy on Completion of Medical Records. An exception to this rule is as follows:

General history and physical examinations for class I and II anesthesia risk patients may be performed by qualified Oral/Maxillofacial Surgeons, who have been granted history and physical privileges, in accordance with the Section's privilege criteria.

4. The procedures that may be performed by medical staff members shall be defined by the Sections and available to all staff via an internet web page.

5. Except as otherwise provided in specific rules formulated for Hospital residents, a resident in an approved training program under supervision may provide surgical care as determined by the supervising/attending members of the Surgical Staff.

6. There shall be no permanent decrease in surgical privileges until the Chief of Surgery and Surgery Administrative Committee have been given an opportunity to review the proposed action.

7. Privileges are reviewed on a biennial basis by the Surgery Administrative Committee. The Surgery Administrative Committee will make its recommendation to the Credentials Committee within the time period allotted for Administrative Committee review in the Medical Staff Rules.

8. Before the Administrative Committee recommends denial of privileges based upon insufficient training, experience or skills, the affected practitioner shall be given an opportunity to supplement his application with such additional evidence of his qualifications as may be available at that time.

9. Continued exercise of clinical privileges in the Department requires satisfactory results in any audit or review conducted by any Section, Department or Medical Staff committee concerned with quality of care; or satisfactory correction of any problems noted through any such review.

ASSISTANTS

It will be the surgeon's responsibility to be assured of the qualifications of the assistant surgeon. Complex surgical procedures may require an assistant of similar training to the surgeon. There will be a biennial review of the qualifications for assistants in surgery.

An assistant surgeon will be present on all cases where it is required by the complexity of the operation or condition of the patient. Each Section in the Department of Surgery shall develop a list of any procedures which require a surgical assistant (also called first assistant) and those that require an assistant of equal training and privileges as the primary surgeon. Procedures that require an assistant will be so noted on the surgical privilege list.

FAMILY PRACTITIONERS AND PHYSICIANS FROM OTHER NON-SURGICAL DEPARTMENTS

Applicants from the Family Medicine and other non-surgical departments will be processed and proctored in accordance with the Rules and Regulations Governing the Granting of Surgical First
Assisting Privileges to Members of the Department of Family Medicine and Other Non-Surgical Departments.

Assistants from outside the community shall have equal qualifications to those on the Staff, including malpractice coverage. Such assistants must submit the request to assist to the Medical Staff Office three days prior to the scheduled surgery describing their malpractice coverage, similar experience and reasons for assisting with the surgery. These requests may be granted by the Chief Operating Officer on an individual basis after review by the Chief of the Department of Surgery and Chief of Staff.

Except as otherwise provided in specific rules formulated for Hospital residents, surgeons in a residency program at Sutter Hospitals may assist in surgery, provided they have a letter from their residency program chief indicating their competency and level of surgical training in a given department.

CONSULTANTS

1. A consultant in the Department of Surgery is one who has full surgical privileges in his field and practices surgery as a full-time specialty.

2. A consultation shall be recorded legibly or by dictation. The consultation note shall indicate the factual details of what was done by the consultant in evaluating the patient and his review of the laboratory data and a diagnosis, including a differential diagnosis. A consultation must include recommendations and proposed management of the surgical care of the patient. In cases where the consultation is dictated and not on the chart, the consultant will write a very brief note in the progress notes, summarizing his conclusions and recommendations and indicating that a report has been dictated and the date of the dictation.

3. A patient to be scheduled for breast biopsy and possible mastectomy with the biopsy to be done by a Staff physician who does not have privileges to do a radical mastectomy will be seen in consultation prior to admission to the hospital by the surgeon who will do the radical mastectomy. The scheduling will be done by the surgeon with the privileges of doing the radical mastectomy.

GENERAL REQUIREMENTS OF MEMBERS OF THE DEPARTMENT OF SURGERY

Attendance

Members should attend meetings as specified in the Medical Staff Bylaws.

Assistants

An assistant surgeon will be present on all cases where it is required by the complexity of the operation or the condition of the patient. When an assistant surgeon is required (as delineated on the privilege list) it is up to the primary surgeon to determine at what portion of the procedure the assistant is required.

Scheduling for Surgery
Patients will be brought to the preoperative holding area sufficiently in advance of scheduled surgery to allow time for all pre-surgical activities to occur before the scheduled start time.

Primary Surgeons should arrive in the Surgery Department and check in with the O.R. Staff and Anesthesiologist at least 15 minutes in advance of the scheduled surgery time.

Co-Surgeons and assistant surgeons should arrive in the Surgery Department at least 15 minutes in advance of their anticipated portion of the surgery.

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

Scrubbing, Dress and Conduct

Adequate scrubbing prior to surgery should include adequate cleansing with appropriate cleansing agent. All personnel in the operating room suite shall adhere to the dress code posted in the operating room. Behavior in the operating room suite will at all times recognize the rights of others and adhere to the observed, standard professional ethics in the operating room suite.

Records

Requirements for medical records may be found in the Medical Staff Policy for the Completion of Medical Records.

Purposeful or willful mis-representation of completion of the history and physical may be deemed conduct that places the patient in imminent danger, and thus cause for suspension of surgical privileges.

The operating surgeon will write a progress note describing the surgical condition of the patient, even though progress notes are being written by other consultants on the case. The surgeon will dictate an operative report immediately following the operation, or as soon as possible thereafter but no later than 24 hours after surgery. In cases where there are combined procedures performed by co-surgeons both surgeons are responsible for dictating pre-operative notes; the primary surgeon is responsible for the history and physical and the consulting physician or co-surgeon is responsible for the consultation note. Both surgeons are required to dictate operative notes for their respective portions of the procedure.

Preoperative Preparation

The surgeon will personally meet, examine and evaluate each surgical patient prior to the operation. The surgeon will identify himself to the patient as the operating surgeon. In the case of a resident surgeon, he shall identify himself as such to the patient.

Observers in Surgery

1. The number of observers in the operating room shall always reflect what is prudent and safe for the patient.
2. Personnel directly related to inpatient care may be allowed into the operating room with the approval of the Operating Room Supervisor. Their presence and actions are under the control of the surgeon. Personnel not directly related to inpatient care may be allowed into the operating room with the approval of the Primary surgeon, Anesthesiologist, Operating Room Supervisor and patient and in accordance with the Policy for Shadowing/Observation.

3. Immediate relatives of patients shall not be allowed in the operating room, with the exception of fathers in the delivery room or where an exception is made by the Chief of Surgery. Immediate relatives are defined as spouses, mothers, fathers, siblings and children. Another exception would be in a matter of life-threatening emergency when the skill of the relative is needed in the operating room.

4. The patient's consent shall be obtained prior to observation by anyone not directly involved in the particular patient's care.

5. In the event of any problem which cannot be resolved, final disposition will be by the Chief of the Department of Surgery.

Other Requirements

Department members are responsible to be familiar with and comply with these Department Rules and Regulations, the Medical Staff Bylaws and the General Rules and Regulations of the Medical Staff.

PROCTORING

All new Medical Staff members or members who have obtained new surgical privileges which require proctoring, will be proctored in accordance with the Department of Surgery Guidelines for Proctoring. Residents cannot participate in cases where the primary surgeon is under proctoring.

EMERGENCY ROOM COVERAGE

Medical Staff Bylaws Section 3.04 (I) require that every Staff member shall accept responsibility for emergency care and for support of the Emergency Room, including consultation and/or admission as may be necessary. The Section Chair shall provide a list of Department surgeons available to take emergency call to the Medical Staff Office, taking into consideration any categories of physicians excluded from emergency call by the Medical Staff and Board of Directors. Physicians with only assisting in surgery privileges will be exempt from E.R. call.

PRE-EMPTING OF SURGICAL CASES

As a courtesy gesture, without jeopardizing the patient's safety, a surgeon with an emergency surgery which must supercede a scheduled surgery should make a personal call to the surgeon whose case must be rescheduled. Conflict as to priority of surgical cases, unresolved by the Operating Room Supervisor, shall be referred to the Chief of Surgery or his representative.