

SECTION 1. ORGANIZATION OF DEPARTMENT OF SURGERY

- A. The Department of Surgery shall be organized as established in Article 10 of the Bylaws of the Medical Staff.
- B. The Department of Surgery shall include: anesthesiology, dentistry, general surgery, neurological surgery, ophthalmology, oral surgery, orthopedic surgery, otorhinolaryngology, pediatric surgery, plastic surgery, podiatry, proctology, thoracic surgery, trauma surgery, and urology.

SECTION 2. MEMBERSHIP

- A. Members of the Department of Surgery will be assigned in accordance with Article 10 of the Bylaws of the Medical Staff and Rule 5 of the Medical Staff Rules.
- B. Membership shall include the following physicians:
 - 1. Physicians limiting their practice to surgery or a sub-specialty of surgery, or anesthesiology. A physician shall be a member of only one department, even though privileges may be granted in more than one Department.

SECTION 3. SURGERY DEPARTMENT EXECUTIVE COMMITTEE

- A. The Surgery Departmental Executive Committee will be organized as established in Article 10 of the Bylaws and will fulfill the responsibilities therein.
- B. Membership of the Surgery Departmental Executive Committee shall include:
 - 1. Departmental Chief
 - 2. Departmental Chief-elect
 - 3. Immediate Past Departmental Chief
 - 4. Medical director or designee
 - 5. Four (4) members at large elected to two (2) year terms; two each year
 - 6. Director of Anesthesia
 - 7. Director of Surgery Services
 - 8. Member of Division of Orthopedics
 - 9. Member of Department of OB/GYN
 - 10. Member of Department of Family Practice
- C. Will hold meetings as established in Article 11 of the Bylaws and will enforce meeting attendance requirements thereof.
- D. The Surgery Executive Committee will regularly review the qualifications and privileges of all members of the Department of Surgery. Written recommendations shall be made to the Executive Committee for changes in privileges, status of members of the department, or continuation of privileges. Members of the Department desiring an increase in privileges shall provide written evidence of adequate training proficiency to merit such an increase.

- E. Surgery Committee shall be responsible for development, maintenance and implementation of written policies and procedures in consultation with other appropriate health professionals and administration.
- F. Surgery Committee shall be responsible for determining what emergency equipment and supplies shall be available in the surgery suite.
- G. The use of an assistant surgeon is generally the prerogative of the operation surgeon. However, when conditions may suggest the absolute necessity of such assistant(s), the Surgery Committee will determine whether an assistant is to be required. The determination of the Surgery Committee will be followed by members of the Department.

SECTION 4. MEETINGS

- A. The department shall meet as often as necessary at the call of the Department Chief but at least annually.
- B. Important business matters requiring vote in the Department of Surgery, in the judgment of the Chief of Surgery, may be voted on by electronic mail ballot. If any active member of the Department of Surgery requests an open meeting rather than a mail ballot, such a meeting will be held.

SECTION 5. PRIVILEGE GRANTING AND RENEWAL

- A. All privileges will be recommended on an individual basis according to training, experience, demonstrated competence, and in the case of renewals, clinical performance at VCMC/SPH during the period since last review.

Applicants for privileges in the Department of Surgery shall meet qualification for privileges, as follows:

- 1. Completion of surgery residency training, program, and
- 2. Board certification in a surgical specialty within five (5) years of joining the Medical Staff or the member will be considered to have voluntarily resigned from the Medical Staff and will not be entitled to hearing and other procedural rights.

Recertification is required pursuant to the requirements as outlined by each Surgical Specialty Board.

- B. All new applicants for surgical privileges will be asked to fill out the surgical privilege checklist. This list is then sent to the Surgery Executive Committee for recommendations. The Surgery Executive Committee will evaluate all requests for privileges by new applicants for the Department of Surgery and submit recommendations to the Executive Committee. A listing of approved privileges is posted on the VCMC/SPH Website.
- C. Surgery Executive Committee is responsible for proctoring each applicant for initial or additional privileges. Preferably, the proctor should be a member of the active Medical Staff and should be personally qualified to perform each procedure to be proctored.

- D. The number and types of surgical procedures to be proctored in any individual case lies in the discretion of the Surgery Executive Committee but must be no less than five (5) procedures representative of the privileges requested. If a physician's practice is centered at another accredited hospital whose Bylaws, Rules and Regulations conform generally to those of VCMC/SPH, the Surgery Executive Committee may, at its discretion, accept no more than half the proctoring reports from the other hospital, provided that each of the following conditions are satisfied:
1. The proctor is a member of the medical staff of both hospitals;
 2. The proctor is someone who would have been eligible to serve as a proctor at VCMC/SPH; and
 3. The same range and level of privileges have been requested by the applicant in both institutions.
- E. All observable reports submitted by proctors shall be maintained in the applicant's medical staff credentials file. Such reports shall be treated as confidential and privileged by the hospital.
- F. After reviewing an application for privileges and taking into consideration training, experience, proctoring reports, and any other information available in the completed application, the Surgery Executive Committee may determine that the applicants is either not qualified for any of the privileges requested or is qualified for a lesser menu. In this case the Surgery Executive Committee should make its recommendation in writing to the Executive Committee with the reasons for the recommendation set forth in sufficient detail to support the decision should the applicant move to fair hearing.
- G. It is the responsibility of each physician treating patients in this hospital to have privileges currently applicable for the condition to be treated.
- H. In order to maintain departmental privileges it is necessary to demonstrate competency of the electronic health record (EHR). Failure to do so will result in administrative suspension per the Medical Staff Bylaws, Section 13.3-6.

SECTION 6. INSERVICE TRAINING

- A. The Department of Surgery will provide and participate in in-service training for resident physicians, nurses and technicians in an effort to continually improve the quality of care for patients.

SECTION 7. SPECIAL DIVISION OF THE DEPARTMENT OF SURGERY

- A. Anesthesiology Division
In order to qualify for anesthesia privileges, applicants for privileges must meet the following requirements:
1. Certification by the American Board of Anesthesiology within five (5) years of joining the Medical Staff member or will be considered to have voluntarily resigned from the Medical Staff and will not be entitled to hearing and other procedural rights.
 2. Recertification is required pursuant to the requirements as outlined by the American Board of Anesthesiology.

Possession of the above qualifications does not automatically result in unlimited privileges.

B. Dentistry and Oral Surgery- Division of General Surgery

1. Oral Surgery Division

Appropriate oral surgery privileges shall be confined to those members of the staff who have received specialty training in the field of oral surgery, and meet the qualifications for granting privileges as outlined in Section 5 of these Rules and Regulations. In complicated procedures consultation shall be obtained from a member of the surgical staff or another oral surgeon.

2. General Practice Dentistry and other sub-specialties:

Applicants for general dental procedures who join the Medical Staff after August 1, 2008, must be a graduate of a school accredited by the American Dental Association Commission on Dental Accreditation or meet the requirements outlined in the Dental Board of California for dentists with a license in another state.

Members of this group may do procedures in the following fields:

- a) Restorative or operative dentistry
- b) Endodontics
- c) Crown and fixed bridge prosthetics
- d) Periodontics
- e) Uncomplicated dental extractions

3. A licensed house or attending staff physician must write the history and physical and check the heart and lungs before a general or major regional anesthetic is administered.

C. Podiatry- Division of General Surgery

1. Appropriate podiatric surgery privileges shall be confined to those members of the staff who have completed a four-year doctoral training program at a podiatric medical school and completion of a residency training at an institution approved by the Council of Podiatric Medical Education, and meet the qualifications for Board Certification as outlined in Section 5A of these Rules and Regulations.

2. A licensed house or attending staff physician must write or cosign the history and physical before a general or major regional anesthetic is administered.

APPENDIX: DIVISION OF ANESTHESIA RULES & REGULATIONS

Approval:

Surgery Committee: 12/2005; Rev-02/2008; 06/2011; 02/2014; Rev 08/2016; 12/2016
Executive Committee: 12/2005; 03/2008; 07/2011; 02/2014; 09/2016, 01/2017