

**LOMA LINDA UNIVERSITY MEDICAL CENTER
OPHTHALMOLOGY SERVICE
RULES AND REGULATIONS**

I. Introduction

The Rules and Regulations for the Ophthalmology Service of Loma Linda University Medical Center (LLUMC) are designed to assure quality of patient care for all patients receiving eye care at LLUMC. They are put forward to meet or exceed the requirements of the Joint Commission for Accreditation of Healthcare Organizations and are approved by the appropriate governing committees and the Board of LLUMC.

II. Membership

- A. The Ophthalmology Service shall be comprised of all physicians who have staff privileges at LLUMC and who have, by reason of training and/or experience, specialized in ophthalmology.
- B. The requirement for staff privileges in Ophthalmology at LLUMC, and thus membership in the Ophthalmology Service, shall be determined by the Medical Staff Executive Committee (MSEC) and shall be implemented through the Bylaws and Rules and Regulations of the Medical Staff. Significant value will be placed on certification by the American Board of Ophthalmology or a similar certifying organization recognized by the American Board of Medical Specialists.

III. Officers

- A. The Chief of the Ophthalmology Service, or his designee, shall be the Chair of the Department of Ophthalmology of the Loma Linda University School of Medicine.
- B. The Associate Chief of the Ophthalmology Service may be appointed by the Chief of the Ophthalmology Service and shall serve as Chief in the Chief's absence.

IV. Quality Assurance Committee

The Quality Management Committee (QMC) is made up of five members who serve for terms of one year. The Committee is to meet quarterly and has the responsibility of overseeing all of the quality assurance activity of the physicians holding active privileges at LLUMC. In addition, the Committee oversees the quality control issues of the University Department of Ophthalmology.

V. Function

- A. It is the duty of the Ophthalmology Service to evaluate the qualifications of those individuals applying and/or reapplying for membership in the Ophthalmology Service according to the standards in the Medical Staff Bylaws.
- B. Proctoring of Surgical Skills
 - 1. Proctoring shall be done for all new members of the Ophthalmology Service.
 - a. General Proctoring shall be performed by an Active member of the Ophthalmology Service for the first (5) patients/surgeries/procedures.
 - b. Review of the records of these same cases indicating the quality of care provided with particular attention to outcome.
 - c. Specific proctoring shall be performed by an Active member of the Ophthalmology Service for any specifically identified procedures.

2. Proctoring will be carried out in compliance with the requirements of the Medical Staff Bylaws. Included in the evaluation will be the physician's ability to satisfactorily discharge the basic responsibilities of medical staff membership, care of patients, including admitting, consulting, and surgical skills, the ability to cooperate with colleagues and Medical Center employees, as well as the physician's willingness to contribute to the clinical education and training programs of the Medical Center, as required.
 - a. Proctoring shall consist of a member of the Ophthalmology Service assisting in a minimum of two surgical cases for which additional new privileges are being requested, and
 - b. Review of the records of these same cases indicating the quality of care provided with particular attention to outcome.
 3. It is the responsibility of the Chief of Ophthalmology Service to assign a proctor(s) to the individual needing proctoring.
 4. It is the responsibility of each member of the Ophthalmology Service to assist in the proctoring duties from time to time as deemed appropriate.
 5. Each new applicant to the Medical Staff for Ophthalmology shall utilize one or more proctors.
 6. It is the responsibility of the proctor to provide a confidential written report of his evaluation to the Chief of Ophthalmology. This report will be submitted with a letter of recommendation by the Service Chief to the Credentials Committee for review and recommendation to the Medical Staff Executive Committee, then to the Board of Trustees for final action. The evaluation forms, letter, and final decision by the Board will be maintained in the physicians credential file in Medical Staff Administration.
- C. It is the responsibility of the Ophthalmology Service to ensure the quality of care being provided to the patients at LLUMC. This will be done utilizing some of, but not limited to, the following methods: monitoring of complications, monitoring of unplanned returns to the O.R., monitoring appropriateness of admissions and care rendered, monitoring outcomes of procedures, proper keeping of medical records, and monitoring utilization of resources. All members of the Ophthalmology Service will participate in the quality assurance process.
- D. It is the responsibility of the Ophthalmology Service to represent interests of the eye patients and their physicians in LLUMC decisions in all matters that affect the care of these patients. Their needs and desires, and cares and concerns will be transmitted by the Ophthalmology Chief to the appropriate governing body/committee of LLUMC.

VI. Meetings

- A. Meetings of the Ophthalmology Service will occur on a quarterly basis.
- B. All Active and Provisional members of the Medical Staff will be required to attend at least 50% of the regularly scheduled meetings.
- C. Active participation in the regular Ophthalmology Service meetings will be a criteria for recommendation of continued appointment to the Medical Staff.