

Loma Linda University Medical Center
SURGERY SERVICE RULES AND REGULATIONS

I. ORGANIZATION

A. Membership:

1. The Surgery Service shall be made up of Physicians and Dentists who perform surgical procedures at Loma Linda University Medical Center.
2. Additional Sections may be formed on the recommendation of the Chairperson of the Department of Surgery and approval of the Medical Staff Executive Committee.
3. Minimum qualifications for membership in the Surgery Service are as follows: *
 - a. Member must be certified by a Surgical Specialty Board approved by the American Board of Medical Specialties; or
 - b. Member by reason of post-graduate education, training and experience, and is eligible to take and has applied to the respective board for its examination; or
 - c. Member has just finished formal training in an approved residency program as defined by the Specialty Board but such Board has not determined his qualifications.
 - d. Member must have and maintain a license to practice medicine in the State of California.

*Individual Surgical Sections may, at their discretion, impose additional requirements on its members, which exceed the minimum requirements outlined here.

- e. Member must meet the requirements for appointment to the Medical Staff of LLUMC, including but not limited to:
 - (1) Documentation of continuing medical education of at least 25 hrs/year (50 hrs/2 years) of category 1 credit.
 - (2) Current Board Certification or re-certification.
 - (3) Current Drug Enforcement Agency (DEA) certificate.
 - (4) Current Professional Liability Insurance documentation.
 - (5) Current curriculum vitae.
4. The Surgery Service places a high priority on its members obtaining specialty Board Certification in their chosen specialty and when appropriate, certificates of competence in subspecialties as they become available. Re-certification should be obtained at or prior to the time suggested and required by the respective surgical specialty boards.
5. Members will be expected to demonstrate commitment to the highest quality of patient care and an interest in the education of students and residents.

B. Functions of the Surgery Service:

1. Provide high quality medical and surgical care to patients admitted to the surgical service.
2. Divisional Quality Improvement Committees: Perform continuing surveillance of the quality of surgical care rendered by members of the Surgery Service through monthly Continuous Quality Improvement (CQI) conferences held by each Section of the Surgery Service.
3. Departmental Quality Improvement Committee: Representatives of each Section will meet at least quarterly to evaluate the quality of surgical care rendered by members of the section. Each section will report its QI activity, and members will summarize and make recommendations to improve the quality of practice within the Surgery Service. A meeting will be held at least quarterly to summarize the CQI activities and recommendations for all members of the Section. See Appendix A.

4. Receive and act upon the reports and/or recommendations of committees of other Services and Medical Staff committees.
5. Report to the Medical Staff QI committee of Loma Linda University Medical Center.
6. Advise and make recommendations to the Medical Staff Executive Committee through the Chief of Surgery Service or his/her designee.
7. Provide education in the field of surgery to students of Loma Linda University School of Medicine (LLUSM) and in addition, residents and fellows in surgery and surgical specialties of LLUMC.

C. Officers:

3. The Chief of Surgery with the Chief of each section will act as an Executive Committee of the Surgery Service.
4. The Chief of Surgery and the Chief of each Section will be members of the active medical staff in good standing and approved by the Medical Staff Executive Committee and the Board of Trustees of Loma Linda University Medical Center.
5. The Chiefs of each Section will be the same person who holds the position of Head of that Section in the LLUSM.
6. The duties of the Chief of Surgery are as follows:
 - a. Serves on the Medical Staff Executive Committee.
 - b. Reviews and recommends requests for temporary privileges.
 - c. Interviews all new applicants to the Surgery Service and submits a written report of that interview to the Credentials Committee.
 - d. Reviews and recommends proctoring, as appropriate, for current Surgery physicians requesting additional privileges.
 - e. Represents the Surgery Service in medical staff issues.
 - f. Responsible for the "Continuous Quality Improvement" activities in the Surgery Service.
 - g. Oversee the surgical education program of medical students, residents, and fellows in surgery and surgical specialties.
 - h. Comply with all other duties and functions specified in the Bylaws and its appendices.
7. The Section Chiefs will be responsible for:
 - a. Representing their Section at the Surgical Service, and appointing a substitute when unable to attend.
 - b. Presiding at the monthly committee meetings of Continuous Quality Improvement of the Section and preparing the minutes of those meetings.
 - c. Interviewing each applicant who seeks appointment in his Section, prepares a written Report of that evaluation, and seeks verification of the applicant's qualifications through personal contact.
 - d. Providing the oversight and organization of residency programs or fellowships in their respective specialties.

D. The Surgery Service Executive Committee consists of the Chief of Surgery, the Head of each Section within the Surgery Service with the following responsibilities:

1. Review annually and revise when necessary the Rules and Regulations of the Surgery Service.

2. Report appropriate information from the Surgery Executive Committee of Loma Linda University Medical Center (LLUMC) and ensure that important information is disseminated (keeping confidential information confidential).
3. Act upon items referred from the Operating Room Committee.
4. Review the activities of the Continuous Quality Improvement and Professional Practice of the Surgery Service Committee.
5. Review the educational programs within the Sections of the Surgery Service with an aim to provide continuing education in the surgical disciplines.
6. Review and make recommendations to the Credentials Committee regarding delineation of surgical privileges of applicants and those being reappointed to the Medical Staff of LLUMC.
7. Review and make recommendations to the Credentials Committee with regard to the proctoring and credentialing/re-credentialing of members of the Surgery Service.
8. Address disciplinary actions brought to the attention of the Committee.
9. Prioritize equipment requests for the Surgery Service.
10. All other duties and responsibilities as outlined in the Bylaws and its appendices.
11. The Executive Committee of the Surgery Service will meet at least quarterly, usually in conjunction with the monthly CQI meeting.

E. Categories and Descriptions:

Category 1 - Procedures - Demonstrated skills and ability to manage procedurally related complications described below. Current competence must be documented by the Chief of Surgery.

Description - May render emergency care or limited clinical care in the outpatient setting/emergency department (or its equivalent). Limited clinical procedures would include suture of simple lacerations, chest tube placement, diagnostic peritoneal lavage, central line placement, superficial incision and drainage procedures and biopsies of skin and subcutaneous lesions.

Category 2 - Procedures - Completion of an accredited training program in specialty of the Section to which physician is requesting privileges; by reason of post-graduate education, training and experience is eligible to take and applied to the respective specialty board for its examination; or has a Board Certificate in respective specialty.

Category 3 - Procedures - Must meet the qualifications of Category 2 and, in addition, have had additional training and/or clinical experience over and beyond that required for certification in the respective specialty boards. Additional requirements for membership may be imposed by the sections in the Surgery Service as found in Appendix II.

Descriptions - May treat the most extreme illnesses within a subspecialty area and serve as a consultant to other surgical staff physicians in the management of complex cases within the subspecialty areas. Special procedures are to be specially indicated.

- A. Initial delineation and granting of privileges is a Medical Staff Function.

- B. Initial appointment and reappointment shall be done in accordance with the Medical Staff Bylaws.

II. PROCTORING/EVALUATION POLICY

A. Proctoring is required for:

1. All new staff surgeons appointed to the Surgery Service.
2. Current medical staff members of the Surgery Service who are requesting additional surgical privileges, as recommended by the Surgery Service Chief.
4. Active staff members who upon reappointment have not performed certain complex procedures in the prior two years, as recommended by the Surgery Service Chief.

B. Proctoring Guidelines:

1. The Surgery Service requires two avenues of review in an effort to assure the applicants capability of satisfactorily carrying out the professional patient care that he or she has requested. The requirements are:
 - a. Chart review of ten (10) patients of the applicant.
 - b. Observation of the applicant performing a minimum of 6 major operations involving at least 3 different surgical procedures in a period of 12 months.
 - c. When a medical staff member of the Surgery Service applies for additional privileges, only the cases related to the newly requested privileges need to be observed, as recommended by the Surgery Service Chief.
2. The Section Chief and the Service Chief will designate a primary proctor to each applicant.
3. The Primary Proctor's responsibility will be to:
 - a. Review charts of ten (10) patients of the applicant.
 - b. Review and complete the applicant's six (6) surgical observation proctoring forms.
 - c. Complete the proctoring summary evaluation form and present the findings of the completed proctoring process to the Section Chief who will present their name to the Department CQI Committee, and if approved, will forward to the Chairperson of the Surgery Service.
4. A list of surgeons available to proctor the applicant performing procedures in the operating room will be made available to the applicant.
5. The applicant will be required to be observed performing procedures in the operating room by more than one proctor.
6. The observing physician will complete a proctoring form on each case observed. The proctoring form will then be sent to the primary proctor for review and then filed in the applicant's confidential medical staff personnel file.
7. It is the responsibility of the applicant to obtain a proctor for an operating room case.
8. When the applicant has completed the proctoring requirements, a report shall be brought to the Chief of Surgery as to the competency of the applicant. The Surgery Service shall then evaluate the performance of the applicant and make appropriate recommendations to the Credentials Committee via Medical Staff Administration.
9. Once satisfactory completion of the proctoring requirements have been met, the applicant will be released from proctoring on approval by the Board of Trustees.

10. The applicant's request for surgical privileges may be denied by the Medical Staff based upon unsatisfactory reports or a lack of sufficient cases in 12 months.

C. Duties and Requirements for Proctoring:

1. All active qualified members of the Surgery Service will be subject to serve as a proctor.

III. SURGEON RESPONSIBILITIES

A. A primary or responsible surgeon is one who:

1. Fulfills the criteria for membership in the Surgery Service and has been appointed to the medical staff of Loma Linda University Medical Center.
2. Has been properly credentialed and granted privileges to perform the scheduled procedure and additional procedures that commonly, or at times, are associated with the primary procedure.
3. Has seen, evaluated the patient and reviewed the patient's medical records pre-operatively (History, Physical, Laboratory and other diagnostic data).
4. Has scheduled the operation.
5. Has obtained the patient's signed Informed Consent for surgery (and blood transfusion, if necessary), or the consent of a parent, guardian, or next of kin as appropriate.

B. Medical Records:

1. Shall be completed in accordance with the Medical Staff Bylaws and Rules and Regulations.

C. Assistant Surgeons:

1. The selection of a qualified surgical assistant is an obligation of the primary or responsible surgeon
2. The scope of services required by a surgical assistant should be commensurate with the magnitude of the procedure. The complexity of the procedure may demand that the surgical assistant possess capabilities equivalent to those of the primary or responsible surgeon, or the intensity and nature of the procedure may permit a surgical assistant to be less qualified.
3. All surgical assistants must be members of the Medical Staff, Allied Health Professional staff, or resident staff of Loma Linda University Medical Center.

D. Consultants/Consultations:

1. The good conduct of surgical practice includes the proper and timely use of consultation. Judgments as to the serious nature of the illness, and a question of doubt as to the diagnosis and treatment rests with the responsible surgeon. He/she should seek appropriate consultation from physicians with special expertise.
2. Routine or emergency consultation may be indicated in, but not limited to the following situation:
 - a. The patient is not a good risk for operation or treatment;
 - b. The diagnosis is obscure after diagnostic procedures have been completed;
 - c. There is doubt as to the choice of therapeutic measures to be utilized;
 - d. The situation is unusually complicated and the specific skills of other practitioners may be needed;

- e. When requested by the patient or his/her family.
3. When questions about a diagnosis, the appropriateness of a procedure, or the complexity of a serious illness are brought to the attention of the responsible Service Chief or Section Chief, it is the responsibility and the obligation of that Service/Section Chief to determine the need for and/or requirement for a consultation.
4. In the event that the Service/Section Chief is required to provide consultant services to a patient for medical staff or other reasons, that consultant should be selected from the list of approved evaluators. On occasions a consultant may be selected from another hospital's medical staff.

IV CONTINUOUS QUALITY IMPROVEMENT

A. Explanation of Methods:

1. All inpatients are subject to 100% retrospective review by qualified nurse reviewers ("primary" reviewers). The primary reviewer employs generic screening criteria to identify charts that are submitted for "secondary" (physician) review. All cases reviewed are incorporated into a computer-based system for trending of adverse patient outcomes.
2. Each Section of the Surgery Service will meet at least quarterly for continuous quality improvement. Cases will be reviewed that are referred by Quality Resource Management Service, plus all other cases showing morbidity and mortality. (See Policies of Continuous Quality Improvement on file at Medical Staff, Appendix A).
3. The Surgery Service, at its Continuous Quality Improvement monthly meeting, receives quarterly reports from each Section on quality of care issues and recommends actions such as further trending, monitoring, proctoring, educational programs or referral to the Medical Staff Executive Committee.

V. EDUCATIONAL RESPONSIBILITIES

- A. Members of the attending staff are expected to support and participate in the educational activities of the Surgery Service. Residents and fellows of LLUMC, and students of LLUSM are assigned to various surgical services and the attending Medical Staff are expected to participate in their various educational activities.

ADDENDUM

Certification and Training Requirements of Individual Divisions/Sections of the Surgical Service are available upon request from the Section Chief.