



## **MEDICAL AND AFFILIATE STAFF RULES AND REGULATIONS OF THE SURGICAL DEPARTMENT**

### **1.0 MEMBERSHIP**

The Department of Surgery shall consist of those members of the Medical Staff of the Banner Del E. Webb Medical Center who have been appointed to the Department by the Board, as recommended by the Medical Executive Committee in conformity with the Bylaws, and the Rules and Regulations Policy Manual of the Medical and Affiliate Staff of Banner Del E. Webb Medical Center.

### **2.0 OFFICERS**

A Chief of Surgery and a Vice-Chief of Surgery will be elected as outlined in the Rules and Regulations Policy Manual.

### **3.0 DUTIES OF OFFICERS**

#### **3.1 Chief of Surgery**

In addition to the duties outlined in the Rules and Regulations Policy Manual,

- 3.1-1 The Chief of Surgery shall preside at Department of Surgery meetings.
- 3.1-2 The Chief of Surgery, with the approval of the Medical Executive Committee, shall appoint members of the Critical Care Committee and any other ad hoc committees deemed necessary to conduct the business and affairs of the Department.
- 3.1-3 In an effort to expedite the approval process, the Chief of Surgery may refer routine business items for approval to the Medical Executive Committee on behalf of the Committee and/or the Department. In addition, the Chief of Surgery may refer routine business items to the Department on behalf of the Committee. All business items approved using an expedited approval process must be presented to either the Committee or the Department at the next regularly scheduled meeting.

#### **3.2 Vice Chief of Surgery**

- 3.2-1 The Vice Chief of Surgery shall assume the duties of the Chief of Surgery in his/her absence.

### **4.0 MEETINGS**

The Department of Surgery shall meet at least quarterly.

### **5.0 SECTIONS**

The Department of Surgery shall include those Sections as delineated in the Medical Staff Bylaws. Rules and Regulations of the Sections shall be included as addenda to these Rules and Regulations.

## **6.0 SURGERY COMMITTEE**

For the purpose of conducting departmental business, the Chief of Staff, in conjunction with the Chief of Surgery, shall appoint a Surgery Committee in accordance with Article VII of the Rules and Regulations Policy Manual. The Chief of Staff and the Chief of Surgery may, at their discretion, appoint more than two members of the department to this committee. Ex-officio members without vote may include the Chief of Staff, the Administrator of the Medical Center, Director of Nursing Services, and the Supervisor of the Operating Room. The Chief of Surgery will act as Chairman of the Surgery Committee. The Vice Chief will assume the duties and responsibilities of the Chief of Surgery in the latter's absence and any other responsibilities determined by the Chief of the Department.

### **A. Duties of the Surgery Committee:**

1. Conduct business for the Department of Surgery between Departmental business meetings, subject to review and approval by the next scheduled Department business meeting.
2. Conduct organized monthly committee meetings and submit written reports of the meetings to the Department of Surgery.
3. The Surgery Committee shall insure timely ongoing assessment of the quality of surgical care through: routine quality review activities; investigation of referrals from members of the medical staff or administration or from the Director of Surgical Services. Routine quality review activities will include, but not be limited to, the following:
  - a. JCAHO-required continuous review activities (invasive procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review);
  - b. Other routine reviews of:
    1. surgical complications
    2. surgical mortality and morbidity
    3. discrepancy between autopsy results and diagnosis
    4. discrepancy between preoperative, postoperative and pathologic diagnosis
    5. infection control
    6. utilization review (appropriateness of admissions and re-admissions)
    7. unscheduled returns to surgery
    8. risk management, including sentinel events
    9. comparative outcome data
    10. regulatory and accreditation results
    11. ethics considerations
    12. patient satisfaction feedback
    13. effectiveness and efficiency of the Department
    14. personnel, administrative, and equipment questions

The purposes of quality review are generally: to improve care; to provide non-punitive feedback to physicians; to identify substantial problems of patient care; to identify true opportunities for process and systems improvement; to provide consistent feedback to physicians regarding their practices; and to improve the completeness and quality of patient records.

## **6.0 CRITICAL CARE COMMITTEE**

- 6.1 Members of this multi-disciplinary committee shall be appointed by the Chief of Staff in consultation with the Chief of Medicine and Chief of Surgery.

This Committee will oversee the functioning of the critical care areas considering staffing, policies and equipment matters, as well as interpersonal problems between physicians and nursing staff.

- 6.2 This Committee shall review data regarding the diagnoses of patients admitted to the combined Critical Care and Telemetry Units of the Hospital, report to the Medical Committee and Surgery Committee on the appropriateness of such admissions as measured against the scope of service of the unit(s), and otherwise review policies and practices within the unit(s). The Committee's reports and any recommendations shall be forwarded to the Department of Medicine and Department of Surgery.
- 6.3 This Committee shall develop written policy for the operation of Critical Care and Telemetry Units. Such policy shall be approved by the Medical Department and Surgery Department and Medical Executive Committee.
- 6.4 The Committee will meet at least quarterly.

## **7.0 SURGICAL PRIVILEGES**

The privileges of all applicants and members of the Department shall be in conformity with the Medical Staff Bylaws and the Rules and Regulations Policy Manual of Banner Del E. Webb Medical Center. A current approved checklist for each physician will be available to the staff of the Surgical Services Department.

- 7.1 Observed cases may be required at Banner Del E. Webb Medical Center if necessary in the opinion of the Department Chairman to (1) established the extent of privileges to be granted, or (2) if deemed necessary on reapplication when records indicate low level of clinical activity on the part of a particular surgeon, or (3) whenever the Department Chairman concludes, in his or her discretion, there is a concern about the physician's ability to perform a procedure, or (4) when concerns about quality of care have been raised in the application or reapplication process. Such observation is in the interest of patient safety, is neither punitive nor disciplinary, does not restrict practice and, therefore, is not reviewable and not reportable to the physician's respective licensing Board.
- 7.1-1 An observer shall be with the observed surgeon during each surgical procedure. Observers will complete an observation report for each procedure observed. The Chief of Surgery will review the observation reports and use for assessment. If an observer believes that an observed surgeon is performing in a manner that will result in imminent harm to the patient, the observer will immediately relieve the observed surgeon and assume the responsibility for care of the patient. The Chief of Surgery and the CEO will be immediately notified of this matter.
- 7.1-2 Should observation be imposed by the Department Chairman, no more than two (2) observations in any one specialty field may be provided by the same observer. If there is an inadequate number of physician observers in a specialty field, more than two (2) observations by a Department member will be accepted, with approval from the Chairman of the Surgery Department.

7.1-3 The Chief of Surgery, or their designee, shall insure timely ongoing assessment of the quality of surgical care through: routine quality review activities; investigation of referrals from members of the medical staff or administration or from the Director of Surgical Services. Routine quality review activities will include, but not be limited to, the following:

- a. JCAHO-required continuous review activities (invasive procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review,);
- b. other routine reviews of:
  1. surgical complications;
  2. surgical mortality and morbidity;
  3. discrepancy between autopsy results and diagnosis;
  4. discrepancy between preoperative, postoperative and pathologic diagnosis;
  5. infection control;
  6. utilization review (appropriateness of admissions and readmissions);
  7. unscheduled returns to surgery;
  8. risk management, including sentinel events;
  9. comparative outcome data;
  10. regulatory and accreditation results;
  11. ethics considerations;
  12. patient satisfaction feedback

The purposes of quality review are generally: to improve care; to provide non-punitive feedback to physicians; to identify substantial problems of patient care; to identify true opportunities for process and systems improvement; to provide consistent feedback to physicians regarding their practices; and to improve the completeness and quality of patient records.

7.1-4 Members of the Department of Surgery who are suspended for reasons of incomplete medical records or other reasons may not perform inpatient or outpatient surgery. Exceptions to perform surgery may be given when an emergency situation exists.

7.1-5 Surgeons requesting renewal of privileges must demonstrate an ongoing interest and documentation of continued education. The Department Chairman may review consultations to verify that the surgeon is actively engaged in the practice of his/her particular specialty field.

7.2 All privilege delineation forms for the Department of Surgery include commonly performed procedures in treating patients within Banner Del E. Webb Medical Center's scope of service. The lists are only representative of the respective specialty practice and may not be the entire scope of the skills practiced in the specialty. As the lists are representative, there may be other similar procedures that will fall within the scope of procedures on the privilege delineation form. Any questions on privileges shall be referred to Medical Staff Services to contact the Department Chairman for clarification. Further rules and regulations regarding specific surgical specialties:

**7.3 Moderate (Conscious) Sedation Privileges:** A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners eligible for the privilege must be

qualified to assess and rescue patients from unintended deep sedation including airway management.  
**Please submit one of the following to apply for moderate sedation:**

- 7.3-1 Names of five patients to whom you have given conscious sedation within the past 12 months; *or*
- 7.3-2 Completion of the Conscious Sedation Test with passing score (test may be obtained from Medical Staff Services); *or*
- 7.3-3 Letter from the Chief of Service at a facility where you are actively practicing attesting to competency in performing moderate sedation on five patients within the past 12 months or a letter from the program director attesting to training and competency if training completed within past two years.

**7.4 Class II – Anesthesia Clinical Privileges:** Applicant must be able to document successful completion of an approved residency training program in anesthesiology or an ACGME or AOA approved fellowship program in pain management or successful completion of an approved orthopedic or neurosurgery residency program followed by an ACGME or an AOA approved spine surgery fellowship program. Under the guidance of fluoroscopy, Class II Anesthesia privileges include:

- Caudal Blocks
- Epidural Blocks
- IV Regional Blocks
- Major Peripheral Nerve Blocks (joint injections, facet injections, parafacet injections and select nerve root injections will be excluded from major peripheral nerve blocks requiring a pain management fellowship)

#### **7.5 Board Certification Requirements**

The following will apply for practitioners in the Department of Surgery requiring Board eligibility or Board Certification at initial appointment:

Practitioners who complete an accredited residency but are unable to establish eligibility to take the exam for Board Certification, may be eligible to be appointed to the Medical Staff for a period of time not to exceed six months if:

- the Medical Staff Department is able to confirm with the program director that the applicant has met all of the requirements of the program to be able to apply for board status, or
- if the practitioner is able to confirm that he/she is eligible to sit for the board certification exam and can produce documentation from the respective board.

It is the responsibility of the practitioner to provide evidence of board status to the Medical Staff Services Department. If the appropriate board status is not achieved within six months, the practitioner will have been deemed to have voluntarily resigned from the staff.

#### **7.6 Thoracic Surgery Privileges**

- 7.6-1 Privileges limited to surgeons who are Board Certified or who become Board Certified in thoracic surgery within three (3) years from the date of initial appointment to the Medical Staff. Surgeons who do not obtain Board Certification in the specified time period will relinquish these privileges. Documentation of continuing Board Certification in thoracic surgery is required to maintain membership and privileges on the Medical Staff.

- 7.6-2 For applicants just completing their surgical training within two years:
  - 7.6-2a Completion of an approved fellowship or residency program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada in thoracic surgery with a letter from the program director attesting to competency.
- 7.6-3 Applicants trained (completed) more than two years ago:
  - 7.6-3a In addition to 7.6-2a above, applicant must submit records of the last fifty (50) consecutive thoracic cases (over the last two years), and letter of recommendation from Chief of Surgery at the primary hospital in which the applicant is currently performing thoracic and cardiovascular surgery.
- 7.6-4 **Thoracoabdominal Incision** - General Surgeons utilizing thoracoabdominal incisions should demonstrate adequate prior training or obtain prompt, appropriate consultation.
- 7.6-5 **Transvenous Permanent Pacemaker Insertion Privileges**
  - 7.6-5a The proposed applicant shall provide documentation of completion of a residency program in Thoracic or Cardiovascular surgery where the applicant has had hands-on training for pacemaker insertion; *and*
  - 7.6-5b provide a letter from the director of the residency program stating the applicant is independently capable of performing pacemaker insertions; *and*
  - 7.6-5c provide a list of cases performed during training.
  - 7.6-5d General surgeons previously granted transvenous pacemaker privileges may perform pacemaker procedures as long as they maintain an active interest and activity in this field.

## **7.7 Vascular Surgery**

- 7.7-1 Definition: Vascular Surgery is defined as major arterial operative procedures outside the thoracic cavity.
- 7.7-2 Privileges limited to Board Certified or Eligible in General, Thoracic or Vascular Surgery.
- 7.7-3 For applicants just completing their surgical training within two years:
  - 7.7-3a Completion of an approved fellowship or residency program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada in peripheral vascular surgery, or thoracic-cardiovascular surgery with a letter from the program director attesting to competency; or
  - 7.7-3b Vascular surgery training as a senior (4th or 5th year) resident in an approved general surgery program with evidence of seventy (70) major

arterial reconstructive cases as the primary surgeon during the training program with a balanced case mix; and recommendation by program director would be considered favorable.

7.7-4 Applicants trained (completed) more than two years ago:

7.7-4a One of the above 7.7-3a or 7.7-3b, and

7.7-4b Submit records of the last fifty (50) consecutive vascular cases (over the last two years), and letter of recommendation from the Chief of Surgery at the primary hospital in which the applicant is currently performing vascular surgery.

7.7-5 Surgeons practicing vascular surgery at Banner Del E. Webb Medical Center prior to October 1995 will not be affected by this new criteria.

**7.7-6 Vascular Study Interpretation Privileges**

7.7-6a Applicants requesting vascular study interpretation privileges will be required to submit documentation of training and experience in vascular surgery; and

7.7-6b Must be a registered Vascular Technologist; and

7.6-6c Each respective privilege will require retrospective review of five cases to be performed by at least two members of the Vascular Lab.

**7.7-7 Peripheral Angioplasty and Stenting Privileges**

DEFINITION: An angioplasty is defined as a percutaneous transluminal balloon angioplasty procedure. Such a procedure would use percutaneous vascular access, passage of an angiographic wire across the segment to be treated, transluminal passage of a balloon catheter, and inflation at appropriate sites. The angioplasty procedure includes appropriate angiographic and hemodynamic documentation of the result. A Peripheral Vessel is all vessels except coronary. Peripheral angioplasty and stenting privileges for vascular surgeons will include intraoperative contrast administration.

7.7-7a Applicants must document appropriate "hands-on" training and experience in peripheral angioplasty and stenting procedures and submit either a letter from the director of an accredited training program or Chief of Service from a JCAHO accredited facility where the physician is actively practicing attesting that the applicant is proficient in the performance of peripheral angioplasty and stenting procedures; AND

7.7-7b Applicants must document evidence of having performed no less than twenty-five (25) peripheral angioplasty cases as the primary operator with documented success and complication rates within accepted limits. This experience shall be evaluated on an individual basis by the appropriate Department Chief.

7.7-7c Applicants who have received training for peripheral angioplasty and stenting procedures through an accredited residency and/or fellowship or

a training course, as outlined under Section 7.7-7a above, and are unable to provide documentation of performance of 25 peripheral angioplasty and stenting procedures, will be observed for a total of ten (10) cases as the primary operator. Observations will be performed by a member of the Medical Staff having unobserved peripheral angioplasty and stenting privileges and will be reviewed by the Chief of the Department for granting of unobserved privileges. Applicants may be requested to provide an outline of the courses attended.

7.7-7d Additional documentation of ongoing experience and continuing education in the field of peripheral angioplasty and stenting may be required.

Requests for peripheral angioplasty and stenting procedures will be processed through the Department of Medicine or the Department of Surgery as appropriate.

Physicians granted privileges for peripheral angioplasty and stenting at Banner Boswell Medical Center as of October 20, 1999 will be grandfathered for the same privileges upon written request. All criteria (e.g. practice patterns, competency, participation in and results of quality improvement programs, etc.) for re-granting of privileges will be in effect for subsequent privileging.

## **7.8 Oral Surgery**

7.8-1 Each applicant for Oral Surgical privileges must be Board Certified or Eligible in Oral Surgery.

7.8-2 Maxillofacial trauma, complex laceration repair privileges require documentation of specific training and/or experience.

## **7.9 General Dentistry**

7.9-1 General Dentists shall not be granted specific admitting privileges. General Dental patients shall be admitted on the service of an attending doctor of medicine or osteopathy who shall be responsible for the medical care of the patient.

7.9-2 General Dentists shall complete that portion of the history and physical examination related to dentistry.

## **7.10 Podiatrists**

7.10-1 Podiatrists shall be required to become Board Qualified within three years of their accredited residency program and to maintain Board Qualification unless they become Board Certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) or the American Board of Podiatric Surgery (ABPS).

7.10-2 Surgical privileges will be limited to approved procedures at the lower extremity from below the knee and do not include amputations. Documentation of training and experience must be provided for ankle procedures.



7.10-3 Podiatrists requesting endoscopic decompression of intermetatarsal neuroma or endoscopic gastroc recession privileges must provide documentation of having completed a continuing medical education course in the respective procedure or training must be verified through a residency or fellowship program.

### **7.11 ENT Surgery**

**7.11-1** Applicants wishing to request privileges for facial plastic surgery, including cosmetic surgery, chemical peel, rhytidectomy, mentoplasty and correction of aural atresia, liposuction, fat or bone grafts of the head and neck, hip, trunk and extremities will be required to provide documentation of training in an accredited ENT residency program or an accredited plastic surgery fellowship program.

### **7.12 Endoscopy**

7.12-1 General surgeons wishing to do colonoscopy must provide adequate documentation of training and documentation of having performed five colonoscopies within the past five years. If the requesting physician is unable to provide documentation of five cases in the past five years, the physician must perform his first five cases under direct observation by another physician who has unobserved colonoscopy privileges.

7.12-2 General surgeons wishing to do Esophagogastroduodenoscopy (EGD) with or without Percutaneous Endoscopic Gastrostomy (PEG) must provide documentation of training and documentation of having performed five EGD cases within the past five years. If the requesting physician is unable to provide documentation of five cases in the past five years, the physician must perform his first five cases under direct observation by another physician who has unobserved EGD privileges. Any surgeon performing EGD's with or without PEG's prior to February 2007 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

### **7.13 Primary Laparoscopy**

7.13-1 The proposed applicant shall provide evidence of completion of an approved residency in General or Urological Surgery and have attained privileges in General or Urological Surgery.

7.13-2 The applicant shall have completed an appropriate continuing medical education course in laparoscopic surgery, including hands-on training, or satisfactory residency training, or

If the applicant claims to have had sufficient experience in laparoscopic surgery, to obviate the necessity of the course, then the applicant shall provide evidence of having performed at least fifteen (15) laparoscopic procedures in lieu of a formal hands-on course in laparoscopic surgery.

7.13-3 Evidence of training in laser technology if lasers are to be used.

### **7.14 Advanced Laparoscopy**

Advanced Laparoscopic procedures requiring additional training include but are not limited to:

Urology Procedures:

Lymphadenectomy and other advanced cancer procedures  
Bladder Suspension Procedures  
Laparoscopic Nephrectomy

General Surgery Procedures:

Vagotomy/Fundoplication  
Solid Organ Removal  
Bowel Resections  
All Hernia Repairs  
Common Duct Repair

7.14-1 The proposed applicant shall provide evidence of completion of an approved residency in General or Urological Surgery, and shall have demonstrated competence and expertise in the performance of abdominal surgery and have attained primary laparoscopic privileges in General or Urological Surgery.

7.14-2 The applicant shall have completed an appropriate continuing medical education course in advanced laparoscopic, including hands-on training or satisfactory residency training, or

If the applicant claims to have had sufficient experience in advanced laparoscopic procedures, to obviate the necessity of the course, then the applicant shall provide evidence of having performed at least fifteen (15) advanced laparoscopic procedures as a surgeon at other institutions in lieu of a formal hands-on course in advanced laparoscopic procedures.

**7.15 Laser Procedures**

7.15-1 Practitioner must have successfully completed an approved residency program in general surgery or a surgical subspecialty.

7.15-2 Must have privileges to perform the surgical procedure or a directly related surgical procedure conventionally without using a laser.

7.15-3 Practitioner must have successfully completed a residency or post-graduate education concerning laser, physics, indications, equipment use, complications and safety. A minimum of 10 hours is suggested with evidence during the education/training hands-on application of the laser was included.

7.15-4 A favorable letter of reference from the Department Chair where the physician currently holds laser privileges or from the Director of the practitioner's residency program or from the continuing medical education course director.

**7.16 Extracorporeal Shock Wave Lithotripsy (ESWL)**

7.16-1 Applicants who have received ESWL training in an accredited Urology residency or fellowship program within the past two years and are applying for ESWL privileges shall provide evidence of successful completion of such residency or fellowship program to include formal training in ESWL with a letter of recommendation from the program director showing satisfactory completion of training in ESWL procedures. Applicants who have completed their residency/fellowship training more than two years ago will also be

required to submit a letter of recommendation from the Chief of Surgery of a hospital in which the applicant is actively performing ESWL procedures.

7.16-2 Applicants who have received ESWL training through a course from a center approved by the American Urological Association within the past two years and who are applying for ESWL privileges shall provide evidence of a certificate indicating proper training (within two years) in ESWL. This training should involve management of twenty-five (25) patients for five to 10 consecutive working days and include pre-treatment and post-treatment care of these patients. Those applicants who have attended an ESWL training course more than two years ago shall also provide a letter of recommendation from the Chief of Surgery of a hospital in which the applicant is actively performing ESWL procedures.

### **7.17 Transurethral Microwave Thermotherapy (TUMT)**

7.17-1 Practitioner must have successfully completed an approved Urology residency or fellowship program and have attained Urological Surgery privileges.

7.17-2 Practitioner must provide evidence of successful completion of a TUMT training program or documentation of equivalent training. A copy of the certificate showing successful completion of appropriate training must be submitted. In the event the applicant does not yet have the certificate of completion but has taken the didactic course, he/she will be observed by a physician with unobserved TUMT privileges for a minimum of two (2) cases.

### **7.18 Stereotactic Needle Core Biopsy of the Breast**

Physicians requesting privileges in stereotactic needle core biopsy of the breast must meet the following requirements:

7.18-1 Applicants who have received training in stereotactic needle core biopsy of the breast through an approved radiology or surgical residency program must provide documentation of their training and experience (surgeons should submit a copy of their surgical case log lists showing experience in this procedure for review); **or**

7.18-2 Provide documented proof (certificate) of having completed a course in stereotactic needle core biopsy procedures; **or**

7.18-3 Provide evidence of having received equivalent training in stereotactic needle core biopsy procedures under the direct supervision of a physician who has already obtained privileges in the procedure.

7.18-4 Radiologists must have documented experience in needle-directed breast lesion wire placement or breast lesion biopsy, and surgeons must have unsupervised privileges in breast surgery (all procedures).

Applicants meeting the above criteria must submit their documentation for review by the Department of Medicine or the Department of Surgery as applicable.

No additional supervision is felt to be necessary for candidates who meet the criteria as listed above. However, the Department of Medicine or Department of Surgery, as applicable, maintains the right to require additional supervision wherein a candidate's qualifications/skills are questioned. The number and type of supervised cases will be determined at that time.

**7.19 Transurethral Needle Ablation (TUNA)**

7.19-1 Applicant must have completed an approved residency training program in Urology. In addition, the applicant must meet the following criteria:

7.19-1a Previous endoscopic prostate surgery privileges (i.e., TURP, VLAP, TUVF); and

7.19-1b Documented training for Transurethral Needle Ablation (TUNA) during their residency program; or

7.19-1c Certificate of training from Transurethral Needle Ablation (TUNA) course.

**7.20 Cryosurgery of the Prostate**

7.20-1 Applicant must have completed an approved residency-training program in Urology and must provide documentation of training for cryosurgery of the prostate during their residency program and/or through continuing education. The physician is to be observed for the first five (5) prostate cryosurgery cases.

7.20-2 If the applicant can provide evidence of have been observed for five cases from another facility or residency program, observation requirements above will be waived.

**7.21 Cryosurgery of the Kidney**

7.21-2 Applicant must have completed an approved residency-training program in Urology and must provide documentation of training for cryosurgery of the kidney during their residency program and/or through continuing education. The physician is to be observed for the first five (5) kidney cryosurgery cases.

7.21-3 If the applicant can provide evidence of have been observed for five cases from another facility or residency program, observation requirements above will be waived.

**7.22 Holmium Laser Enucleation**

7.22-2 Applicant must have completed an approved residency-training program in Urology and must provide documentation of training for holmium laser enucleation during their residency program and/or through continuing education.

**7.23 Mid-urethral sling procedures (TVT, Monarch, Sparc)**

7.23-2 Applicant must have completed an approved residency-training program in Urology and must provide documentation of training for mid-urethral sling procedures (TVT, Monarch, Sparc) during their residency program and/or through continuing education. Any practitioner who holds this procedure prior to July 2005 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

#### **7.24 Cryoablation of the Prostate**

7.24-1 Applicant must have completed an approved residency-training program in Urology and must provide documentation of training for cryoablation of the prostate during their residency program and/or through continuing education.

#### **7.25 Sacral Nerve Stimulation Privileges**

7.25-1 Practitioner must provide documented proof (certificate) of having completed a course or must provide documentation of training during their residency program in Sacral Nerve Stimulation procedures.

7.25-2 The first two “stage two” procedures will be observed by another member of the Medical Staff who has unrestricted sacral nerve stimulation privileges.

7.25-3 If the requesting practitioner can provide evidence of having previously had at least two procedures observed at another facility, the requirement under “b” above will be waived.

#### **7.26 Apogee™ and Perigee™ Credentialing**

7.26-1 Applicants must attend the company sponsored training program; and

7.26-2 Applicants must be proctored by a surgeon competent in the procedure for a minimum of three cases.

7.26-3 Following completion of 10 cases, unassisted and without untoward effects, the surgeon may proctor others.

7.26-4 If applicants can provide documentation of three observations from another facility, #2 above should be waived.

#### **7.27 Sentinel Node Biopsies for Breast Carcinoma Surgery**

7.27-1 Privileges for sentinel node biopsies for breast carcinoma surgery will be granted to those applicants who meet the following criteria:

7.27-1a Applicants who have received training in sentinel node biopsy through an approved surgical residency program must provide documentation of their training and experience (surgeons must submit a copy of their surgical case log lists and operative reports, preferably with pathology reports, showing experience in this procedure for review); and have unobserved regional node dissection privileges.

**or**

7.27-1b Applicant must provide documented proof (certificate) of having completed an approved course in sentinel node biopsies, endorsed by the American College of Surgeons; and have unobserved regional node dissection privileges.

7.27-2 Surgeons granted this privilege will be required to fulfill one of the following:

7.27-2a Perform at least ten (10) cases with complete regional node dissection.

Upon completion of the first ten (10) cases, if a sentinel node is found to be positive for carcinoma, the surgeon may begin to perform sentinel node biopsies without regional node dissection following completion of the first ten (10) cases.

If, during the surgeon's initial ten (10) cases, a case occurs where all sentinel nodes are negative but positive nodes are found in the regional node dissection then, the surgeon must perform complete regional node dissection for at least thirty (30) total sentinel node procedures.

If there are no positive sentinel nodes and no positive nodes in the complete regional dissections in the surgeon's first thirty (30) cases, the surgeon may begin performing sentinel node biopsies without complete regional dissection.

**or:**

- 7.27-2b Provide documentation (including operative and pathology reports) of having performed at another facility at least ten (10) cases with complete regional node dissection in which a sentinel node is found to be positive for carcinoma; and the surgeon's attestation that no case had occurred in which all sentinel nodes were negative but positive nodes were found in the regional node dissection. The surgeon may then perform sentinel node biopsies without regional node dissection.

## **7.28 Sentinel Node Biopsies for melanomas**

7.28-1 Privileges for sentinel node biopsies for melanomas will be granted to those applicants who meet the following criteria:

- 7.28-1a Applicants who have received training in sentinel node biopsy through an approved surgical residency program must provide documentation of their training and experience (surgeons must submit a copy of their surgical case log lists and operative reports, preferably with pathology reports, showing experience in this procedure for review); and have unobserved regional node dissection privileges.

**or**

- 7.28-1b Applicant must provide documented proof (certificate) of having completed an approved course in sentinel node biopsies, endorsed by the American College of Surgeons; and have unobserved regional node dissection privileges.

## **7.29 Orthopedic Surgical Procedures**

7.29-3 VERTEBRAL BODY REINFORCEMENT (including vertebroplasty & kyphoplasty) – Orthopedic surgeon or neurosurgeon must provide documentation of specific training or experience.

7.29-4 INSTRUMENTATION FOR COMPLEX SPINE SURGERY - Physician must provide documentation of specific training or experience.

7.29-5 LASER THERAPY AS RELATED TO ORTHOPEDIC SURGERY - Documentation of specific training in the use of lasers is required.

7.29-6 RADICAL ORTHOPEDIC SURGERIES FOR CANCER - The physician must provide documentation of specific training or experience.

7.29-7 COMPUTER-ASSISTED ORTHOPEDIC SURGERY – For initial granting of this procedure:

- a. The practitioner must have full orthopedic privileges and must be unobserved for the specific procedure requested without computer assistance; AND
- b. The practitioner must provide documentation of training for a specific computer-assisted procedure or documentation of training received during an accredited residency or fellowship.

7.29-6 SPINE SURGERY

- a. Requires documentation of successful completion of an approved fellowship program in orthopedic surgery of the spine.
- b. Any orthopedic surgeon holding spine surgery privileges prior to August 2007 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

7.29-8 ARTIFICIAL DISC IMPLANTATION - For initial granting of this procedure:

- a. The practitioner must be board certified or board eligible in orthopedic surgery,
- b. The practitioner must provide evidence of experience in lumbar spine procedures including extensive experience with anterior lumbar interbody fusions (i.e. case logs).
- c. The practitioner must provide documentation of specific training received during a spine fellowship training program OR through an appropriate continuing medical education course.

7.29-8 HAND SURGERY

- a. Requires post graduate training in hand surgery or subspecialty certification in hand surgery by the American Board of Surgery, Plastic Surgery or Orthopedic Surgery or the American Osteopathic Board of Surgery, Or
- b. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in surgery, orthopedic or plastic surgery that included training in surgery of the hand.
- c. Any orthopedic surgeon holding hand surgery privileges prior to August 2007 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

### **7.30 Class II – Anesthesia Privileges**

Applicant must be able to document successful completion of an approved residency training program in anesthesiology or an ACGME or AOA approved fellowship program in pain management or successful completion of an approved orthopedic or neurosurgery residency program followed by an ACGME or an AOA approved spine surgery fellowship program. Class II privileges will include the following:

Under the guidance of fluoroscopy:

- Caudal Blocks
- Epidural Blocks
- IV Regional Blocks
- Major Peripheral Nerve Blocks (joint injections, facet injections, parafacet injections and select nerve root injections will be excluded from major peripheral nerve blocks requiring a pain management fellowship)

### **7.31 Pain Management Privileges**

#### **CLASS I PAIN PRIVILEGES CORE**

Successful completion of an ACGME or AOA approved Anesthesia residency program or successful completion of an ACGME or AOA approved residency program followed by an approved Pain Management fellowship program or an Orthopedic Residency Program followed by an accredited Spine fellowship program. If applicant has completed a non-accredited Pain Management program, he/she must submit documentation to support the non-accredited program's equivalence to an accredited program. Applicant will also be required to submit case logs reflecting having performed the procedures in the above outlined core. These applicants will be considered on a case-by-case basis at the discretion of the Department Chair.

#### **CLASS II PAIN PRIVILEGES CORE (inclusive of Class I core)**

Successful completion of an ACGME or AOA approved residency program followed by an accredited Pain Management fellowship program. If applicant has completed a non-accredited Pain Management program, he/she must submit documentation to support the non-accredited program's equivalence to an accredited program. Applicant will also be required to submit case logs reflecting having performed the procedures in the above outlined core. These applicants will be considered on a case-by-case basis at the discretion of the Department Chair.

#### **Radiofrequency Neurotomy**

Documentation of education and training through an accredited pain fellowship program with documentation of a minimum of 50 cases in training and 10 within the past two years.

### **7.32 Surgical Assistants**

7.32-1 Any physician holding clinical privileges in any field of practice may serve as assistant at the discretion of the surgeon.

## **8.0 PRE AND POSTOPERATIVE CARE**

The pre and postoperative care is the total responsibility of the operating surgeon, who is expected to carry it out in accordance with the guidelines of the American College of Surgeons.

## **9.0 DISCHARGE OF OUTPATIENTS FOLLOWING OUTPATIENT SURGERY WITH ANESTHESIA**

Any patient who has received anesthesia, other than local anesthesia, is examined before discharge and is accompanied home by a designated person. The examination is performed by an anesthesiologist or based on discharge criteria established by Anesthesia Section. The anesthesiologist will ensure that the patient is given adequate post-anesthesia recovery instruction.

## **10.0 SURGICAL CASES PROTOCOL**

10.1 The use of a qualified assistant is at the discretion of the operating surgeon.



- 10.2 Surgeons must be in the operating suite and ready to commence surgery at the time scheduled. The operating suite will not be held longer than fifteen (15) minutes after the time scheduled. Whenever possible, cases following will be advanced to the earlier time slot.
- 10.3 If a physician is 15 minutes late or more on the average of three times in one month, they will forfeit all 7:30 a.m. start time for the following month.
- 10.4 Invasive procedures are performed only after a history, physical examination, any indicated diagnostic tests, and the preoperative diagnosis have been completed and recorded in the patient's medical record. When such history and physical examinations are not written or dictated and in the patient's medical record before the time stated for the procedure, the procedure shall be canceled. In emergency situations in which there is inadequate time to record the history and physical examination before the procedure, a brief note, including the preoperative diagnosis, is recorded before the procedure.
- 10.5 A brief note containing the following elements must be immediately documented in the record following a procedure: physician name, pre-procedure diagnosis, post procedure diagnosis, procedure performed, findings, estimated blood loss and complications. A more complete summary of the procedure may be written or dictated and must be authenticated by the physician performing the procedure and would be in addition to the immediate post procedure note.
- 10.6 When a delay in an emergent procedure would in any way harm the patient by either risk of increased morbidity or mortality, the emergent case should take precedence over other elective and urgent cases. Upon notification by the declaring surgeon, the Anesthesiologist and nurse in charge will assess the operating room capacity. If there are no available rooms, the Anesthesiologist and nurse in charge will determine the appropriate case to bump. The surgeon should directly (personally) inform the surgeon being bumped and then proceed with the emergent case. Bumped cases will be given the first available time slot, that does not interfere with other scheduled cases. Consultation with the Chief of Surgery, Anesthesia, and/or the Chief of the Medical Staff may be necessary if resolution to the conflict in scheduling cannot be achieved.
- 10.7 Types of surgical cases shall be defined as follows:
  - a. Emergent: An emergency surgical case is defined as any case in which, in the opinion of the attending physician, the risk of a delay endangers the patient's life, limb or organs. The declaration of an emergency shall be appropriately noted in the patient's chart.
  - b. Urgent: Intervention is required within 24 hours to prevent loss of life, limb, organ or body function. Elective: A surgical procedure that is scheduled typically greater than one week, outside of the release time and does not involve an immediate intervention to prevent loss of life, limb, organ or body function.

## **11.0 EMERGENCY DEPARTMENT CALL**

- 11.1 All surgeons with unobserved general, vascular, gynecology, obstetrical, ophthalmology, orthopedic, plastic or hand surgical privileges shall serve on the General, Vascular, Gynecology, Obstetrical, Ophthalmology, Orthopedic, Plastic, or Hand Surgery Emergency Department Call schedule.
- 11.2 Any surgeon on the Staff who is at least 60 years may be exempt, upon request, from taking Emergency Department call.

11.2a Any surgeon meeting the criteria in Section 12.2 above who does not notify and submit a request to the Medical Staff Services Department prior to the publication of the ED call schedule will be required to complete their assigned call or provide alternate coverage.

11.3 Exemption from mandatory surgical call at Banner Del E. Webb Medical Center may be approved under the following circumstances:

11.3a If privileges requested are in a recognized subspecialty and/or less than the basic department/section privilege:

- the requesting physician may not have higher level privileges at another facility and;
- cannot take call at another facility unless that facility has a specific subspecialty call schedule for that category; OR
- finds other physicians willing to accept the call rotation of the requesting surgeon. (In the event other physicians no longer cover the call rotation, the requesting physician must accept full call schedule coverage or voluntarily resign from the staff.)

11.3b Surgeons who reduce their privileges under Section 12.3a after the ED call schedules are published will be required to find coverage for their assigned ED call, unless a health issue precludes a surgeon from completing a call rotation.

11.3c Physicians practicing at Luke Air Force Base (LAFB) are exempt from surgical call coverage except for responding to ER call for the LAFB patients.

11.3d Out-of-state team surgeons supporting Major League Baseball teams are exempt from call coverage during their team training coverage.

**12.0** The Rules and Regulations for the Department of Surgery and the delineated Sections under the Department will be reviewed and revised, if necessary, every two years.

REVISED:     Surgery Committee – 7/2/2008  
                  Department of Surgery – 9/3/2008  
                  Medical Executive Committee – 10/6/2008  
                  Board - 10/9/2008