

**RULES AND REGULATIONS GOVERNING
THE DEPARTMENT OF SURGERY**

DEPARTMENT COMPOSITION:

The Surgery Department consists of the following surgical sub-specialties and are the approved subsections of the department. Each shall elect a Subsection chair that shall comprise the Surgery Committee along with the Department Chair:

- Cardiovascular
- Dental Surgery
- ENT (Otolaryngology)
- General Surgery
- Neurosurgery
- Ophthalmology
- Pediatric Surgery
- Plastic & Reconstructive
- Podiatry
- Urology

CHAIR:

The Department of Surgery members shall elect a Department Chair. If the Department can not elect a chair, the President of the Medical Staff may appoint a Chair of the Department of Surgery from among the active members of the staff who are qualified for membership in the Department of Surgery. The duties and responsibilities of the Department Chair are outlined in the Medical Staff Bylaws.

Each sub-specialty shall have its own Subsection Chair elected among its members for a term of two (2) years. The Chief of Surgery along with the Subsection Chairs will continually review qualifications and performance of surgery staff members, and may at his or her discretion recommend to withdraw, modify, or continue privileges of any department member for good cause with the agreement of the Chief of Surgery and one other leader as identified in the Medical Staff Bylaws. Such reduction in privileges would be subject to review as outlined in the Medical Staff Bylaws. The Subsection Chair will determine the need for an assistant or proctor if necessary. In the event of an extended absence of the sub-section chairs, they shall appoint a member of their section that will allow the above listed functions to continue in their absence.

PROMPTNESS: It is essential that promptness in appearing for scheduled operations be observed. If a delay of over 30 minutes is anticipated, the OR supervisor should be notified as far in advance as possible. Failure to provide such notice will result in rescheduling of the case.

RECORDS: History, physical examination, and appropriate laboratory reports according to anesthesia guidelines must be on the chart prior to surgery. This requirement is waived in a bona fide emergency.

PROSCRIPTION OF ITINERANT SURGERY: The Medical Staff Bylaws proscribe itinerant surgery. In order to give meaning to this proscription, the Department of Surgery prohibits any surgeon who does not reside for [6] months or more per year within [30] miles of PAMC (an "Itinerant Surgeon") from performing surgery at PAMC unless the surgeon has a written agreement with another physician who is as well qualified to continue the essential aspects of total surgical care (as reasonably determined by the Chief of Staff and Chief of Surgery or their designee) and who is a member of the active medical staff (the "Sponsoring Physician"). The written agreement must be provided to the Chief of Staff in advance and must provide that the Sponsoring Physician will personally provide all ongoing care and treatment to patients of the Itinerant Surgeon, and shall be responsible for that care, when the Itinerant Surgeon is unavailable.

SURGERY EMERGENCY COVERAGE:

- a.) All actively practicing members of the Department of Surgery are required to participate in an organized Emergency Medicine Call schedule.
- b.) Each subsection of the Department of Surgery is responsible for providing the call schedule to the Emergency Medicine Department.
- c.) Those subsections that provide call coverage on a "city-wide" basis rather than for Providence Alaska Medical Center alone, may have members that take call at only one hospital or the other (i.e., Alaska Regional or Providence), but members must participate in the call schedule.
- d.) Members of the Department of Surgery who are contracted with any managed care plan or organization (i.e. IPA, PPO, HMO or insurance company, etc.) must provide emergency surgical care for those patients covered by that plan.
- e.) Members of the Department of Surgery must respond to emergencies in a "reasonable period of time." (EMTALA regulation)
- f.) A member of the Department of Surgery may petition the department to reduce or limit his/her call responsibility due to health or special circumstances.

EMERGENCY ROOM CALL EXEMPTIONS:

As determined by each surgical sub-section exemptions may be made for privileged physicians. Department members must apply to the Sub-Section Chair for this exemption. If the Sub-Section Chair approves the request, it will then be sent to the Department Chair for approval. The Department Chair will forward the request to the MEC, and then Community Ministry Board for final approval.

If a sub-section can not determine the issue at a sub-section level or the sub-section disagrees with the sub-section chair's decision, the issue shall be taken to the department chair for assistance and direction.

MEETINGS:

The Surgery Department shall meet quarterly. The Surgery Committee shall meet as often as needed during the intervening months between the department meetings. Any items for approval reviewed at the Surgery Committee, will move to the next Department meeting agenda for approval by the Department. All items for inclusion on the agenda of either meeting shall be coordinated with the Department Chair.

Effective: 11/90

Revised: 11/95, 1997, 1/00, 01/07, 9/09, 1/14, 09/17, 05/21