

Department of Surgery
Rules and Regulations

June 8, 2015

Departmental Structure:

Chair of Surgery:

The Chair of the Department of Surgery shall be a hospital based, full-time Surgeon-in-Chief who shall be appointed by the Board of Trustees pursuant to the By-Laws of the Hospital.

Vice Chair of Surgery:

The Vice- Chair shall be appointed by the Surgeon-in-Chief.

Administrative Director:

The administrative director will report to the Chair of Surgery and will be responsible for all including budget, in concert with the Chair. All employees of the Department will report to the Director for administrative issues, including but not limited to work hours, paid time off, and overtime.

Program Director:

The Chair will be responsible for appointing the director of the surgical resident training program, and will be ultimately responsible for the overall well-being of the program and its trainees. The program director will be appointed for the period consistent with that required by the Residency Review Committee (RRC) for Surgery of the Accreditation Council for Graduate Medical Education (ACGME).

Director of Medical Student Education:

The Chair will be responsible for appointing the Clerkship Director for medical and physician assistant students.

The Surgical Education office and the Surgical Residency Coordinator will be administratively responsible for all surgical residents, including those from other institutions.

The administrative responsibilities of the department are codified in the organizational chart attached as an Appendix.

The Department of Surgery is made up of a Chair, Vice-Chair, Administrative Director and other staff as described in the Organizational Chart See Appendix. The Department includes the following Divisions and Sections:

- Breast Surgery
- Cardiac Surgery
- Colorectal Surgery
- General Surgery

Hand Surgery
Neurosurgery
Orthopedic Surgery
Ophthalmology
Oral Surgery and Dentistry
Otolaryngology
Pediatric Surgery
Plastic Surgery
Podiatry
Surgical Oncology
Thoracic Surgery
Trauma Surgery and Surgical Critical Care
Urology
Vascular Surgery

Membership in each Division shall be limited to physicians and other staff who are members of the Medical Staff of Stamford Hospital, and who are qualified for privileging in that surgical specialty.

Division Directors:

Each Division of the Department of Surgery shall have a Director appointed by the Board of Trustees upon the recommendation of the Chair and shall serve in accordance with the Medical Staff By-Laws. The Director of a Division shall be subject to annual review and reappointment by the Chair and serve in accordance with the Medical Staff By-Laws.

The Director of a Division must be a member of the Active Staff of the hospital, must be certified by an ABMS specialty board or equivalent, and must be a Fellow of the American College of Surgeons or the equivalent.

Each Division Director shall be responsible for administrative affairs of the Division, including on-call schedules, peer review, quality improvement, focused professional practice evaluation (FPPE), ongoing professional practice evaluations (OPPE), and review of new appointments.

1. Direct and supervise the work performed in his/her division
2. Conduct clinical conferences and employ such other methods, as she/he deems necessary or appropriate to ensure quality care within his/her division.
3. Assess capital equipment needs
4. Participate in strategic planning
5. Provide annual needs assessments
6. Assist in developing marketing strategies

7. Present or provide a speaker for a Surgical Grand Rounds - "Update or Advances" in their discipline annually.
8. Provide consultation on all staff appointments, reappointments, assignments or promotions within her/his division
9. Maintain and submit to the Chair an active email address and contact pager/cell phone list for the division
10. Inform the department Chair when they are not available and the administrative coverage that has been arranged.
11. Assess current credentialing/privileging requirements and make recommendations to the Chair re: same.
12. Organize peer review activities and submit a report on same to the Chair and via the Medkinetics system.
13. Develop new program ideas.
14. Perform such other duties as may be required by departmental Rules and Regulations, the Department Chair, the Medical Executive Committee or the Board of Directors.

Surgical Advisory Committees:

The Surgeon-in-Chief shall appoint Surgical Advisory Committees consisting of Division Directors, the Operating Room Committee, and the Surgical Education Committee.

Appointment of Department members to Stamford Hospital Standing Committees:

The Surgeon-in-Chief shall submit to the Medical Executive Committee the names of members of the Department who shall serve on the following committees: Operating Room, Infection Control and Prevention, Cancer Care, the Operating Room (OR) Product Committee, and Critical Care Committee.

Departmental Meetings:

The Department of Surgery will meet no less than quarterly to review current departmental activities and issues. Members of each division will participate in regular divisional peer review oversight and report to the Chair of the Department of Surgery. Departmental members are required to attend at least 50% of all Departmental/Divisional meetings

Credentialing and Surgical Privileging

Application for Privileges in Surgery:

Application for membership in the Department of Surgery and its Divisions shall follow the procedure and requirements as outlined in the By-Laws of the Medical Staff. Pre-applications will be reviewed by the Chair prior to acceptance of a formal application.

All applications must be reviewed and approved by the Director of the appropriate Division and, subsequently, by the Chair. Any applications that are not approved by the division director must be reviewed by the Chair.

The Chair will interview all applicants in person prior to approval and submission of their application for consideration by the Stamford Hospital Credentials Committee. Applicants must agree to adhere to the departmental requirements including call and clinical assignments, clinical coverage, and medical record compliance.

Surgical privileges will be extended based on a recommendation from the Chair to the Credentials Committee, followed by confirmation by that body, the Medical Executive Committee and the Board of Trustees. The recommendation of the Chair will be based on prior formal training in residency or fellowship, post residency training in didactic courses, hands on training, and/or proctoring and/or experience. Documentation of training and qualification to perform privileged procedures is the responsibility of the applicant for new appointment or for additional privileges. If additional training is required, it is the responsibility of the applicant to arrange such with pre-agreement of the Chair as to the adequacy of same. Requests for new privileges will be managed in the same manner.

Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE):

Upon appointment, all new applicants and applicants for additional privileges must participate in a FPPE, the length of which is decided by the Chair.

Staff Categories subject to FPPE include:

- New graduates/New to the Organization
- Current Provisional and Active Staff
- Practitioners requesting new privileges

The methods for establishing a monitoring plan specific to the requested privilege may include:

- Periodic chart review
- Direct observation
- Monitoring of diagnostic and treatment techniques
- Proctoring

The duration of performance monitoring will be determined by the Division Director and/or Department Chairman for either a period of 6 to 12 months, or for a specific case number for uncommon cases. Performance monitoring evaluations and recommendations will be provided in writing to the staff member and credentials committee.

OPPE will be carried out every 6 months by the Chair. Any changes in privileges will be made in accordance with the medical staff by-laws.

Surgeons may not perform procedures for which they are not privileged. The Operating Room scheduling and nursing staff will confirm that the practitioner has the appropriate privileges for a specific procedure prior to scheduling a case. Any conflicts about same will be adjudicated by the Executive Director of Perioperative Services and the Chair of Surgery, or designee.

The Chair may recommend an FPPE to the Credentials Committee and/or to the Medical Executive Committee for issues of clinical performance or behavior.

Reappointment:

The Division Director and Chair shall submit a recommendation for reappointment, and surgical privileges, for each Department member no less than every two years. This reappointment procedure shall follow the procedures outlined in the By-Laws of the Medical Staff and be based upon:

- Competence and clinical judgment based on OPPE and direct observation
- Ethics and conduct
- Attendance at Conferences, Department and Division Meetings
- Compliance with the Medical Staff By-Laws, Hospital and Departmental Rules and Regulations
- Continuing medical education activity

Responsibilities of the Staff of the Department of Surgery:

All surgeons are required to follow the By-laws of the Medical Staff of the Stamford Hospital, the Rules and Regulations of the Stamford Hospital, and the Rules and Regulations of the Department of Surgery.

Professionalism:

It is the policy of the Stamford Hospital that all persons within its facilities be treated with courtesy, respect and dignity. All medical staff members shall conduct themselves in a professional and cooperative manner. Surgeons who engage in unacceptable or disruptive conduct shall be subject to corrective action procedures set forth in the Stamford Hospital Medical Staff Bylaws.

Attendance at Surgical Staff Meetings:

Each surgeon is expected to attend at least half of the regular conferences/meetings held by the Division in which the surgeon has privileges.

Attendance of all surgeons is required at any Morbidity and Mortality Conference meeting in which the surgeon's patient is to be discussed, provided the surgeon has been notified in advance.

Practice Coverage:

Whenever a member of the surgical staff is not available to provide care for a patient, he or she shall arrange for coverage by a practitioner who has appropriate clinical privileges at Stamford Hospital. Physicians arranging coverage must assure that the covering physician(s) have agreed to accept responsibility for all patients with whom the absent practitioner has an ongoing patient-physician relationship, or for whom the absent practitioner is required to provide care, pursuant to a managed care contract and/or the medical staff by-laws.

Call Responsibilities:

Each member of the active or provisional active staff who is not ineligible for call assignments as per the Medical Staff Bylaws, shall accept reasonable call assignments in a rotational call system for emergency care by the Chair. These schedules may vary as developed and recommended by the divisions and sections, with the final approval of the Chair. When a surgeon is the designated practitioner on call, the surgeon will accept responsibility, during the time specified in the published schedule, for providing care to any patient referred to the service, including referrals for emergency care. If the assigned surgeon has a conflict with the published schedule that precludes call coverage as scheduled, it is the staff member's responsibility to arrange for alternate coverage, and to notify the Department Chair and Emergency Department Chair of such alternate coverage at least 24 hours prior to the scheduled change. Physicians on call for the care of staff patients will provide emergency care for all patients regardless of payer type.

Surgeons may not be on call at another hospital simultaneous with call responsibilities at Stamford Hospital unless they obtain prior consent of the Chair of Surgery. However, if a physician on call responds to call at another hospital, begins surgery, or otherwise becomes unavailable while on call, the physician must notify the Emergency Department in advance so that the ED is aware of the physician's unavailability. The On-Call physician must provide alternate coverage should this occur".

Clinic Responsibilities:

Each member of the active or provisional active staff, who is not ineligible for clinic assignments as per the Medical Staff Bylaws, shall participate in a rotational system for clinic care as determined by the Chair. These schedules may vary as developed and recommended by the divisions and sections, with the final approval of the Chair. When a surgeon is the designated clinic practitioner, the surgeon will accept responsibility, during the time specified in the published schedule, for providing care to any patient referred to the clinic. If the assigned

surgeon has a conflict with the published schedule that precludes clinic coverage as scheduled, ***it is the surgeon's responsibility*** to arrange for alternate coverage, and to notify the Department Chair and the clinic coordinator of such alternate coverage at least 2 weeks prior to the scheduled change. Physicians on clinic call will provide care for all patients regardless of payer type.

Admitting Procedures:

No surgical patient, except in an emergency, shall be admitted to the hospital, or placed on observational status, until initial orders and a provisional diagnosis have been given by the admitting surgeon. All patients in the Hospital must have their status clearly designated by the responsible attending physician (e.g. inpatient, observation, same day care, hospice, etc.).

All inpatients shall be seen at least once every 24 hours by the patient's primary attending surgeon and a progress note written in the chart. Any change of the attending surgeon shall be clearly documented in the medical record. No surgeon may withdraw as attending physician until another staff member has agreed to serve as the patient's attending physician and has made an entry in the medical record accepting the patient. For transfers to a non-surgical service, both the surgeon and the non-surgical attending must agree to transfer a postoperative patient to the latter's service, with the caveat that the surgeon will see the patient as requested.

The medical record must contain information adequate to justify the admission and continued hospitalization, support the diagnosis and describe the patient's progress and response to treatment.

The admitting surgeon, or designee, must interview and examine the patient within the time frames provided below or within a shorter time frame if the patient's condition requires.

Consults from the Emergency Department shall be responded to in 15 minutes or less, and seen within 45 minutes or less unless some other mechanism of care is agreed to by both the ED physician and the surgeon consulted. Surgeons will adhere to all elements of EMTALA.

All patients admitted shall be seen within 24 hours of the decision to admit by the admitting practitioner.

The medical history and physical examination (H&P) must be completed no more than 30 days prior to any surgical procedure, by a licensed independent practitioner or allied healthcare provider who has appropriate clinical privileges at the Hospital. An H&P completed by a practitioner who does not have clinical privileges for conducting H&Ps must be validated by the admitting surgeon. Validation of the H&P requires: personally examining the patient, and

documenting the review of the history and physical, documenting any changes since the preadmission H&P was completed; timing, dating and signing the entry.

The H&P should be reviewed before surgery and the pertinent findings confirmed on the day of the procedure and prior to surgery. An H&P that is less than 30 days old must be updated on the day of surgery before the patient can be brought into the operating room. The surgeon must review the preadmission H&P, personally examine the patient, and document any changes since the preadmission H&P was completed, and time, date and sign the entry. An H&P that is more than 30 days old is not acceptable and must be repeated by a physician with privileges at Stamford Hospital.

Any H&P that is handwritten, and faxed for the purposes of outpatient or ambulatory surgery must be legible, dated, timed and signed by the responsible examining practitioner.

When a patient is scheduled for ambulatory surgery with local anesthesia, the history and physical examination may be documented using a short H&P that addresses:

- The chief complaint

- Past medical and surgical history pertinent to the operative or invasive procedure being performed

- Relevant social history pertinent to the operative or invasive procedure being performed

- A physical examination of those body systems pertinent to the operative or invasive procedure performed, but including at a minimum appropriate assessment of the patient's cardiorespiratory status

- A statement on the conclusions or impressions drawn from the history and physical examination, and

- A statement on the course of action planned for the patient for that episode of care.

When the history and physical examination is not recorded before the procedure occurs, the procedure shall not proceed unless the practitioner states in writing that the case is an emergency, and that such delay would be detrimental to the patient.

When the patient goes to surgery, all previous orders are automatically cancelled and all orders must be rewritten. The same applies when the patient moves either into or out of the SICU, or is transferred to another service or another level of care. An order to "renew all orders" is not acceptable.

Documentation:

All surgeons must enter a brief operative note in the chart immediately after the procedure, and dictate a full operative note within 24 hours of the procedure.

All operations/procedures performed shall be fully described in the medical record. Dictated operative reports shall contain the following minimum information:

- a) Name of primary surgeon and any assistants who performed surgical tasks
- b) Date and time of surgery
- c) Preoperative and postoperative diagnosis
- d) Name of procedure(s) performed
- e) Type of anesthesia administered
- f) Description of techniques
- g) Findings
- h) Estimated blood loss
- i) Specimens removed
- j) Prosthetic devices, grafts, tissues, transplant, or devices implanted, if any
- k) Complications
- l) Disposition and condition of the patient at conclusion of surgery

The operative/procedure report for each operation/procedure shall be dictated or electronically documented immediately after surgery/procedure completion. Failure to dictate the operative/procedure report within 24 hours after completion shall result in the automatic suspension of elective OR booking privileges until such reports are dictated. Similarly, failure to complete documentation by signature within 30 days will result in automatic suspension of scheduling privileges. (see Medical Staff Rules and Regulations). If a resident dictates the operative/procedure report, it must be signed by the attending physician.

A postoperative progress note shall be written in the chart immediately after surgery and shall provide sufficient information about the surgical procedure and the patient's condition to facilitate care in the immediate postoperative period. The postoperative progress note is not a substitute for the dictated/documented operative report.

A postoperative progress note must include:

- a) A pre-operative diagnosis, description of the procedure(s), findings, estimated blood loss, specimens removed, primary surgeon and assistants, and postoperative diagnosis,
- b) The type of anesthesia used,
- c) Medications (including intravenous fluids) and blood and blood components administered

- d) Any unusual events or complications, including blood transfusion reactions, and the management of those events, and patient condition/disposition

Continued failure of a practitioner to complete his operative/procedure reports will be result in discipline as described in the Medical Staff Bylaws pertaining to delinquent medical records.

While suspended for failure to complete medical records a practitioner:

- a. May not admit patients except for cases already scheduled or patients assigned through the Emergency Department while the physician is on call
- b. May not schedule surgical cases
- c. May continue to provide care for patients already in the Hospital, and
- d. Shall be obligated to provide on call services as scheduled

Two or more suspensions in a twelve month period for failure to complete medical records will result in being placed on FPPE, and repeated suspensions may adversely affect the physician's reappointment to the Medical Staff.

It is the responsibility of any physician supervising any Physician Extender to ensure timely completion of medical records for entries by Physician Extenders.

Supervision of Residents and Medical Students:

House staff (residents, physician assistants, nurse practitioners or fellows) are given patient care responsibilities commensurate with the individual level of training, experience, and capability detailed in training protocols developed by the Program Director and medical school authorities. They are supervised in accordance with the Policy on Supervision of Residents at the Stamford Hospital. In all matters of an individual patient's care, house staff members are responsible to the attending surgeon, who maintains ultimate decision-making and patient care responsibility. House staff performance and recording of histories, physical examinations, daily visits, orders, and progress notes, or carrying out other assigned patient care responsibilities, does not relieve the attending surgeon of his/her obligation to perform and document any or all of those responsibilities.

Residents:

Supervision of residents must conform to the policies and procedures established by the Stamford Hospital Graduate Medical Education Committee.

Surgical residents may not operate without attending surgeon supervision. At his/her discretion, the attending surgeon of record may decide not to scrub on a case. The attending surgeon must be present for the entire critical portion of a case and be in the hospital and

immediately available for the remainder of the case. Immediately available is defined as being in the operating room areas, in scrub attire.

In the event of a life-or-limb-threatening emergency, and after notifying the attending surgeon, a resident may begin a procedure in the operating room or emergency department before the attending surgeon arrives.

The attending surgeon must countersign the resident history and physical examination within 24 hours of admission.

Medical Students:

Medical students may write orders, progress notes and history and physical examinations on patient charts, provided the work is reviewed and entries are immediately countersigned by a resident or attending surgeon. Medical students may not perform any procedures without direct supervision by a resident or attending surgeon.

Surgical Critical Care:

All patients admitted to the Surgical Intensive Care Unit, with the exception of Cardiac Surgery patients, must have a consultation with a member of the Trauma/Critical Care division, and in-house coverage from the critical care service. This is a co-management structure. The attending physician may transfer the care of a patient in the SICU to the Trauma/Critical Care surgeon if mutually agreed upon. For cardiac and thoracic cases, the cardiothoracic team, led by the cardiothoracic surgeon, will oversee the management of the care of the patient.

Surgical Critical Care specialists must be board certified, or board-eligible, in accordance with the Medical Staff bylaws, in Surgical Critical Care, or have demonstrated a history of clinical practice in the ICU/IMCU.

Operating Room Issues:

Visitors in the Operating Room:

Visitors in the operating room are restricted in accordance with Stamford Hospital policy. Only staff required for the care of the patient, medical or other students for whom there is a letter of agreement, and others approved by the Executive Director of Perioperative Services and the Surgeon-in-Chief are allowed.

Pathology Specimens:

All excised tissues and devices that are required by the Department of Public Health of the State of Connecticut to undergo pathologic review will be submitted for pathologic review. Tissues, foreign bodies and materials removed during the operation shall be sent immediately

thereafter to the Department of Pathology which shall perform, or arrange to have performed, such examination as necessary to arrive at a pathological diagnosis.

Photography Policy:

All photos to be taken in the Operating Room or Emergency Department by requesting the departmental camera provided by IT; the photos will be downloaded and made available and incorporated into the medical record by the hospital staff. No other devices may be used for photography within Stamford Health Systems with the exception of the Cardiac Surgery camera, and those belonging to plastic and reconstructive surgery service members who may be required, in some cases, to keep a separate photographic record.

When photographs are planned, the informed consent for the procedure must include specific consent for photography. That special consent for photography is included in the Photography Policy.

Universal Protocol:

All surgeons must participate in the preoperative use of the Universal Protocol or Safety Checklist, prior to the patient being brought to the OR, after the patient enters the OR but before any anesthetic drugs are given, and again just before the procedure commences. In addition, the surgeon is responsible, with the circulating nurse, to complete the postoperative component of the checklist, including confirmation of the wound class, confirming the sponge and instrument counts and completing the pathology requisition form..

The patient will not be brought to the OR from Preop without completion of the preop checklist including marking of the site and side of the planned procedure. The preoperative checklist will not go forward without the surgeon present and participating. The procedure should not go forward prior to completion of the checklist.

SCIP measures:

All surgeons are responsible for knowledge of, and adherence to, the Surgical Care Improvement Program (SCIP) measures for surgical cases. In cases where there is a compliance failure, surgeons will work with Quality Assurance to clarify and correct errors.

Block Time:

No cases are to be scheduled past a physician's scheduled block without authorization from the Clinical Operations Director of the OR.

On education days (currently Thursday), operative cases will start at 8:30 AM.

Elective cases should be scheduled during assigned block time. Blocks should be filled prior to scheduling outside of one's block.

Block time utilization =

$$\frac{\text{In-Block Time Used} + \text{Average Service} - \text{Specific Turnover Time}}{\text{Total Block Time Allocated}}$$

Minimum utilization required to maintain a block is 70 percent. All deviations from this minimum will be reviewed with the surgeon and/or surgical group to right-size the block to optimize utilization. Utilization will be reviewed on a monthly basis, with changes made on a quarterly basis after review with the surgeon, OR nurse managers, the OR Committee and the Chair of Surgery.

With group blocks, the group will be held accountable for utilization. When surgeons have multiple block days, each individual block will be held to the 70% threshold.

Block times must be released not later than 4 weeks in advance of vacation and planned absences. Block time released prior to this time will not be included in the denominator used to calculate the block holder's utilization. Block time not released for these purposes will be included in the denominator used to calculate the block holder's utilization. Excessive release of block time or lack of utilization of block time will be evaluated on an individual basis. Requests for release of block time **MUST** be in writing, preferably email, to the Perioperative business director. Released time will be available to all physicians for scheduling of elective cases on a "first-come, first-served" basis.

Requests for additional block time must be in writing to the Executive Director of Perioperative Services. Receipt of additional block time will be contingent upon the requesting block holder meeting the following performance targets:

- Current block utilization exceeds 70%
- Evidence of additional need based on either significant out of block time usage, or
- Demonstrated inability to schedule cases within the currently held block due to the block being too short.

During the weekday, when a surgeon has cases remaining at the end of his or her block time, all attempts will be made to allow the physician to continue uninterrupted with his/her cases. The priority of cases after regular block hours is emergencies first, followed by previously scheduled electives, and then urgent add-ons in that order.

Other Policies:

Nothing in these rules and regulations is intended to supersede or replace the Medical Staff by-laws, the Rules and Regulations, or pertinent policies of the Stamford Hospital. As policies may be updated more frequently than these Rules and Regulations, those new policies will take precedence whenever there appears is a conflict.