

PROVIDENCE ALASKA MEDICAL CENTER

DEPARTMENT OF ORTHOPEDIC SURGERY RULES AND REGULATIONS

INTRODUCTION

Be it established that there will be a set of Rules and Regulations for the Department of Orthopedic Surgery at Providence Hospital; that subsequent to the hospital's Medical Staff Bylaws, Rules and Regulations, they will govern the conduct and business of the Department of Orthopedic Surgery. These rules and regulations have been drafted and established after considering the policies, rules and regulations of the Department of Surgery, previously established rules and regulations of the Department of Orthopedic Surgery, significant policies and rules recorded in previous Orthopedic Department meeting minutes, and final approval by the members of the Department of Orthopedic Surgery.

ARTICLE I - PURPOSE

The purpose of this Department is to promote and ensure good orthopedic care of the patients at Providence Hospital. To accomplish this the Department will screen applicants for staff membership, review members category level, make appropriate recommendations to the Credentials Committee, promote means of quality assurance in the delivery of orthopedics, advise on orthopedic equipment requirements, promote up-to-date safe orthopedic care, and facilitate orthopedic education.

To this end the Department of Orthopedic Surgery espouses the scope of orthopedic surgery as that set forth by the American Academy of Orthopedic Surgeons as follows:

"Orthopedic surgery is the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine and associated structures by medical, surgical and physical methods."

All members of the Department of Orthopedic Surgery are expected to be capable of fulfilling the requirements of orthopedics by the innate nature of their training and according to their category level.

ARTICLE II - MEMBERSHIP

These will be multiple categories of membership in the Department of Orthopedic Surgery. These categories of membership will be based on multiple factors to include training, demonstrated performance and department participation and are defined in the Orthopedic Privilege Delineation policy.

ARTICLE III - SURGICAL PRIVILEGES

The definition and extent of a member's surgical privileges are determined by two factors: his/her category status and his/her delineation of privileges. It is the responsibility of each member to submit every other year their delineation of privileges sheet defining in which surgical areas they request privileges. Should their training and/or interests change, members may update the request at any time by submitting a new form to the Medical Staff Office and the Department Chair. The Department Chair will make a recommendation regarding the request to the Credentials Committee.

Members requesting privileges to perform new major or experimental procedures will have such requests reviewed by the Orthopedic Review Committee, who will make a recommendation regarding suggested privileging criteria and the appropriateness of the procedure to the Credentials Committee.

ARTICLE IV - DEPARTMENT MEETINGS

SECTION I: PLACE

The Department of Orthopedic Surgery, Providence Hospital, will meet on the campus of Providence Hospital.

SECTION II: TIME

The Department of Orthopedic Surgery, Providence Hospital, will meet at least four times a year.

SECTION III: CONDUCT

The elected Chair of the Department of Orthopedic Surgery or his/her designated alternate will preside at the meeting. The Robert's Rules of Order will prevail at the meeting.

SECTION IV: PURPOSE

The purpose of the monthly Department meeting is to conduct the business of the Department of Orthopedic Surgery, Providence Hospital. This business will include, among other activities:

- A. Elect officers annually.

- B. Approve Emergency Call Roster and system.
- C. Approve member category or surgical privileges changes.
- D. Evaluate and recommend acquisition of surgical/orthopedic equipment for Providence Hospital.
- E. Communicate pertinent information from other Providence Hospital committees, departments, or sections.
- F. Maintain liaison with administration, nursing personnel, orthopedic personnel, and operating room personnel.
- G. Evaluate and amend Department rules and regulations as deemed necessary.
- H. Conduct regularly a patient care quality assurance program.
- I. Review quality assurance indicators annually.
- J. Evaluate and establish educational activities for the department.
- K. Conduct peer review as established by the Department of Orthopedic Surgery.

SECTION V: ATTENDANCE

- A. Who shall attend:
 - 1. All members of the Department of Orthopedic Surgery are invited to attend.
 - 2. All representatives of closely affiliated departments of Providence Hospital are invited to attend.
 - 3. Any invited guest are invited to attend.
- B. It is expected that all members of the Department of Orthopedic Surgery will attend at least 50% of the Department meetings annually to be considered for reappointment to the Staff and Department with the same level of privileges.

ARTICLE V - OFFICERS

SECTION I: CHAIR

The Chair of the Department will be elected by the Department annually in November. The Chair will assume his/her position on January 1. The Chair of the Department will fulfill the functions of this position as outlined in the Medical Staff Bylaws. It is understood and accepted that the Chair of the Department functions in this capacity as a volunteer to assist Providence Hospital in providing good orthopedic care to its patients. The Chair will fulfill this obligation to the best of his/her ability but will not be considered responsible for all actions or omissions of the Department members. Any action of the Department Chair taken in good faith in relation to Department activities shall be fully indemnified by Providence Hospital.

SECTION II: ALTERNATE CHAIR

The alternate Chair will be the immediate past Chair of the Department and will assume the functions of Chair of the Department during his/her absence. If the past Chair is not available the Chair will designate an alternate to assume his/her responsibilities during his/her absence and inform the President of the Medical Staff of this alternate. Should the Chair of the Department be unable to fulfill his/her tenure as Department Chair, the alternate Chair will assume the Chair for the remainder of that tenure.

SECTION III: ROSTER MEMBERS

The Medical Staff Office will provide secretarial support for the Department. As the Department has no budget or income, a treasurer is not required.

ARTICLE VI - COMMITTEES

SECTION I: PURPOSE

The Department will establish committees to facilitate the functions of the Department.

SECTION II: ORTHOPEDIC REVIEW COMMITTEE

- A. This is a standing committee within the Department of Orthopedic Surgery.
- B. The purpose of this committee is to assist the Chair of the Department in reviewing or deciding, among other things, disciplinary matters, difficult credentialing problems, and prioritizing of major orthopedic equipment requests.
- C. The membership of this committee will consist of the Chair of the Department of Orthopedic Surgery and the immediate past two Chairs of the Department. If any past Chair is not available for a particular committee meeting (matter) the Department Chair will appoint a substitute.
- D. This committee will be convened by the Chair of the Department at any time to fulfill the requirements of the Department. The committee can also be convened at the request of any voting member of the Department to review or intercede in any serious orthopedic matter with which the member wishes committee assistance.
- E. The committee will convene at any location that is convenient for it to conduct its business.

ARTICLE VII - QUALITY ASSURANCE

The Department of Orthopedic Surgery has adopted as its primary mechanism of quality assurance a systematic retrospective chart review procedure defined in the department's current Quality Improvement plan. This review will include, but not be limited to:

- A. Content review.
- B. Surgical indications.
- C. Pathologic tissue correlation with surgical procedure.
- D. Appropriateness of treatment.

The reviewer will utilize as the criteria for review his/her orthopedic knowledge, his/her orthopedic experience and any available criteria from the American Academy of Orthopedic Surgeons and other orthopedic organizations. The reviewer will present his/her findings to the Department and the Department, as a whole will act as the final indicator of quality of care. The Department Chair will carry out department recommendations.

ARTICLE VIII - EMERGENCY ROOM COVERAGE

SECTION I: EMERGENCY ROOM CALL ROSTER

In order to provide better and effective orthopedic care to the patients of Providence Hospital, the Department of Orthopedic Surgery has adopted an Emergency Room call roster.

SECTION II: GUIDELINES

1. The Orthopedic Department will provide an orthopedic call schedule for the Emergency Room.
2. It is the responsibility of each orthopedist to maintain his knowledge and skills to provide emergency orthopedic care.
3. The Operating Room must maintain a sufficiently flexible schedule to facilitate scheduling of emergency and urgent orthopedic surgery.
4. Emergency Room physicians will refer all unassigned orthopedic patients to the orthopedist on call.
5. It is the responsibility of the orthopedist listed on the call schedule to provide orthopedic care, arrange to have his days covered by a substitute orthopedist or locate another orthopedist who can provide appropriate care. If the substitute orthopedist is unable to cover for the orthopedist originally listed, because of a change in privilege status, the responsibility for coverage shall return to the orthopedist originally listed. Schedule changes or trades must be submitted in writing. When triage to another facility is necessary, it is the obligation of the orthopedist on call to be involved with the triage process.
6. An orthopedist who does not fulfill his ER responsibility or find a suitable substitute is subject to suspension from all hospital privileges by the Department Chair, Executive Committee or the Hospital Administrator.

7. Subspecialization does not exempt an orthopedist from the emergency orthopedic call schedule, except that those orthopedists with a "Certificate of Added Qualifications", as issued by the American Board of Orthopedic Surgery, may elect to be removed from the general call schedule and placed on a separate call schedule, defined by their added qualifications. The number of weekdays, weekend days and holidays required of these members shall be comparable to that required of those orthopedists on the general call schedule.
8. Any member of the Orthopedic Department requesting exemption from the orthopedic call schedule shall request such exemption in writing. Exemptions from the call schedule may be granted by the department chair if the Orthopedist is at age 60, or has been a member of the medical staff for 25 years. Reinstatement may be at the discretion of the department chair.
9. Orthopedists at age 60, or who have been on the active medical staff for 25 years, are not required to take call.
10. The Department Chair will not recommend courtesy Staff status for any orthopedist who has admitted 15 or more non-emergent patients or has done 15 or more non-emergency surgical cases the previous calendar year. Members on courtesy staff status shall participate in call.
11. ER call/start time shall begin at 0700 and end at 0659 the following day.
12. Orthopedist on EMTALA call will provide inpatient consults on all calls received from 7:00a – 6:59a

SECTION III: ROSTER MEMBERS

The member who requests a change in the call roster is obligated to notify all appropriate parties (hospital, operator, Emergency Room, Medical Staff Office) of the call roster modification.

ARTICLE IX - AMENDMENTS

Amendments to change or modify the Rules and Regulations of the Department of Orthopedic Surgery can be made by the following process:

- A. Any voting member may propose an amendment at the monthly department meeting.
- B. The proposed amendment if seconded will be discussed at that meeting and approved for final adoption at the next monthly orthopedic meeting.
- C. It is the responsibility of the member who initiated the amendment to properly word the amendment.
- D. The proposed amendment will be circulated to all department members.
- E. The amendment will be voted upon at the next department meeting. The amendment will be adopted if approved by two-thirds of those present.

REVISED: 6/88, 7/90, 7/92, 11/92, 11/93, 3/95; 3/99; 1/01; 3/05; 5/08, 11/11