

# RULES AND REGULATIONS

## DEPARTMENT OF SURGERY

2015 EDITION

Department of Surgery Chair  
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	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of Surgery</b>	11/09/93	05/28/96	11/17/97	03/20/98	10/17/00	02/20/01	06/17/03
<b>Credentials</b>	12/15/93	06/25/96	11/26/97	n/a	n/a	n/a	07/01/03
<b>MEC</b>	01/04/94	07/02/96	12/02/97	n/a	n/a	n/a	07/30/03
<b>Board</b>							
	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of Surgery</b>	05/18/04	03/20/07	04/20/10	10/19/10	02/15/11	01/17/12	10/01/13
<b>Credentials</b>	05/18/04	n/a	05/25/10	10/26/10	02/22/11	01/24/12	n/a
<b>MEC</b>	06/01/04	n/a	06/01/10	11/02/10	03/01/11	02/07/12	n/a
<b>Board</b>			07/07/10	12/03/10	04/06/11	02/29/12	n/a
	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of Surgery</b>	05/05/2015						
<b>Credentials</b>	07/28/2015						
<b>MEC</b>	08/04/2015						
<b>Board</b>							

**ANTELOPE VALLEY HOSPITAL  
DEPARTMENT OF SURGERY  
RULES AND REGULATIONS  
2015**

1. SURGERY DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

- (1) Diagnosis and management of acute, chronic and emergency surgical conditions in the geriatric, adult, adolescent and pediatric population in all surgical specialties as listed in these Rules and Regulations.
- (2) Provision of surgical care and services in the inpatient, outpatient and Emergency Department settings.
- (3) Invasive and noninvasive diagnostic and therapeutic modalities.
- (4) Consultative services provided at the request of other Staff physicians.

B. Specialties within the Department include Cardiovascular Surgery, Colon/Rectal Surgery, Dentistry, General Surgery, Neurological Surgery, Ophthalmology, Oral/Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Plastic/Reconstructive Surgery, Podiatric Surgery, Thoracic Surgery, Urological Surgery, and Vascular Surgery.

C. Department Responsibilities (refer to Medical Staff Bylaws, Article VIII, Section 8.4):

- (1) To act as participants in educational activities at Antelope Valley Hospital.
- (2) Participate in appropriate peer review in quality management.

2. DEPARTMENT MEMBERSHIP:

A. Qualifications: As defined in Article III of the Medical Staff Bylaws.

B. Call Panel:

- (1) Individuals or their designee are required to provide a **LOCAL and/or mobile** telephone number to Medical Staff Services where they may be reached when on call, which will be listed on the online call schedule for all to access.
- (2) Participation in the various call panels is voluntary and a contractual arrangement at the discretion of the Chief Executive Officer of Antelope Valley Hospital, or as requested by the Medical Executive Committee pursuant to General Rules and Regulations section I.1. page 17.
- (3) Individuals participating in the call panel(s) must be able to respond to the Emergency Department within 30-minutes.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form:

- (1) Each surgeon will receive notification of his/her privileges listing specific operations of broad specialty categories as recommended by the Surgery Department Chair/designee and approved by the Credentials and Medical Executive Committees and the Governing Board.
- (2) Privilege lists are available electronically 24x7 on the AVH Med Staff Privilege Portal.

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

**SURGICAL SPECIALTIES** - The Surgery Department shall provide proctoring for all applicants requesting clinical privileges in the Surgery Department. Proctoring shall apply to all applicants to the Surgery Department and to all Medical Staff members requesting additional privileges in the Surgery Department, regardless of specialty or category of membership. Proctoring will commence with the applicant's first case and will include a minimum of 5 cases which shall represent a reasonable variety of cases for the privileges specifically requested and will proceed until the proctors, in consultation with the Surgery Department Chair/designee, agree that competence has been demonstrated. Proctoring will be by actual observation, by a physician privileged in that specialty

whenever possible. Proctoring may include concurrent or retrospective case review, direct observation and the monitoring of diagnostic and treatment techniques.

(2) Proctor's Qualifications:

Reference General Rules and Regulations, Section P, paragraph 3, Qualifications of Proctor.

Proctoring will be by actual observation by a physician qualified and/or privileged in that same specialty whenever possible.

(3) Assignment of Proctors:

Members shall obtain their own proctor whenever possible. If the member is unable to obtain a proctor, it is the duty of the Department Chair to assist in this process.

(4) Proctor's Report:

A written report describing the case proctored will be completed by the proctor and submitted to the Medical Staff Services Department for consideration by the Department Chair. It is the responsibility of the applicant to ensure completed proctoring reports are received by the Medical Staff Services Department. Following review, the report will be maintained in the applicant's confidential file.

(5) Reciprocal Proctoring:

The applicant for the requested clinical privileges/procedure may under certain special circumstances submit proctoring reports from other hospitals.

- (a) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, provided that there are an insufficient number of cases performed at Antelope Valley Hospital. However, every attempt must be made to perform the required number of cases/procedures at Antelope Valley Hospital before submitting cases from other hospitals.
- (c) In no instance will cases/procedures proctored at other hospitals comprise more than 50 percent of the total proctoring reports required.
- (d) If procedures proctored at other hospitals are to be submitted, the applicant must release all proctored cases done at the other hospital(s) supplying those reports.

(6) Special Proctoring Arrangements:

- (a) In the case of a new procedure where no member of the Medical Staff holds privileges to perform, an external proctor may be obtained. The external proctor's current license, activity reports and training will be verified by the Medical Staff Services Department. The Department Chair will review and approve the proctoring arrangement.
- (b) Robotic Surgery: Upon approval of the Department Chair, Chief Executive Officer and President of the Medical Staff, proctoring may be performed remotely if the proctor is unable to perform in person. The proctor is able to remotely control the robot should intervention be required.

D. Requests for Additional Privileges:

- (1) Applications for additional clinical privileges must always be accompanied by appropriate documentation of training and experience to justify the additional privileges. It is the applicant's responsibility to provide acceptable documentation.
- (2) See Article VI in Credentials Policy and Procedure Manual for instructions on making application for additional privileges.

4. DEPARTMENT CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1A):

Member of the Active Staff with willingness and ability to discharge the functions of the office. The Department Chair must be board certified by an appropriate specialty board, i.e., the American Board of Surgery.

- B. Term of Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms if so requested.

- C. Roles and responsibilities of the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph E).

- D. Nomination/election process for the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph B):

Each Department shall elect its own Department Chair. Each appointment must be approved by the Medical Executive Committee and Governing Board before it is effective.

5. DEPARTMENT MEETINGS:

- A. When Held:

Surgery Departmental meetings will be held monthly at a time agreed upon by the Chair and communicated to the committee members. Departmental members may be called upon to participate on committees, task forces or in quality assessment activities to assist the Department in maintaining the standard of care.

- B. Voting:

- (1) Only Active Staff members of the Department will be granted voting privileges regarding election of officers.  
(2) All members of the Department will have an equal vote regarding routine Department business.

- C. Attendance Requirements:

Active members of the Department of Surgery are required to attend a minimum of three (3) regularly scheduled Department meetings each calendar year. Remote attendance via teleconference is accepted.

6. CONSULTATIONS:

- A. Emergency Department Backup Coverage and Oncall Physician (refer to General Rules and Regulations, Section 1 (one), page 14.

7. DEPARTMENT MONITORING AND EVALUATION PROGRAM.

- A. Indicators (on file in Quality Management Department).  
B. Practice parameters/standard of practice/department/specific criteria.  
C. Peer review system/forms.  
D. Ongoing and focused professional practice evaluations.

8. REGULATORY REQUIREMENT FOR ATTENDANCE DURING CARDIOVASCULAR SURGERY

- A. Pursuant to Section 70435(b)(2), Title 22, of the California Administrative Code, a minimum of three surgeons are required to be present for all cardiovascular operative procedures which require extracorporeal bypass.  
B. A waiver dated June 14, 2001, from the Department of Health Services authorizes program flexibility to provide a non-Boarded physician, Physician Assistant or RNFA in place of the third surgeon for select cardiovascular operative procedures. A copy of the waiver is attached to the Department of Surgery Rules and Regulations and posted in the Surgery Department.