

DEPARTMENT OF SURGERY
RULES AND REGULATIONS

Preamble:

Southeast Missouri Hospital and its surgical staff shall maintain surgical services conforming to established community standards. This shall be carried out administratively through the designation of the Chief of Surgery and through departmental policies and procedures conforming to the standards established by the Bylaws of the Medical Staff and the Board of Trustees.

Purpose:

The purpose of the Department of Surgery shall include:

1. To provide that surgical patients admitted to the Hospital or diagnosed or treated in an outpatient setting receive quality services.
2. To provide a chairman responsible for addressing problems of a surgical or administrative nature involving patients, medical staff administration or the governing body of the Hospital.
3. To initiate and maintain rules and regulations for the proper and efficient function of the Surgery Department.
4. To strive for quality improvement by providing ongoing monitoring of professional activities within the Department of Surgery,
5. To promote and maintain professional education standards.

Organization:

The Department of Surgery will be under the direction of the Department Chairman and will be categorized into the following sections:

1. Thoracic and cardiovascular
2. General Surgery

3. General Vascular
4. Neurosurgery
5. Ophthalmology
6. Otolaryngology
7. Orthopedics
8. Plastic and Reconstructive
9. Trauma
10. Urology
11. Oral Surgery
12. Dentistry

The President of the Medical Staff in conformity with the Medical Staff Bylaws shall appoint the Department Chairman. The Department Chairman, and the President of the Medical Staff shall appoint section chairmen, who will serve a term in office of one year and shall be able to succeed themselves, but shall serve no more than three full years in succession without the consent of the Medical Executive Committee.

Credentialing:

Applications for appointment to the Medical Staff, with privileges in the Department of Surgery will be processed in accordance with the Medical Staff Bylaws. The Department Chairman and the appropriate section chairmen shall, in a timely manner, review each completed application. The Department Chairman shall submit to the Credentials Committee recommendations regarding appointment and specific privilege requests.

Operations:

1. Scheduling is done in accordance with blocks of time allotted the physician. Necessary changes may be made by the operating room supervisor with the assistance of the Department of Anesthesiology. All cases scheduled for a day will be performed that day unless canceled. Emergency cases will be placed in the next available room. When there is a shortage of anesthesia or other operating room personnel, every effort will be made to combine and allot time for all physicians with blocks that are affected. (This shortage in personnel may be due to vacation or illness).

2. Elective block time normally extends from 8 AM to 6 PM Monday through Friday. Surgeries which are done outside of these hours are normally considered to be emergency or urgent cases and are normally staffed by “on call” personnel.
3. If a surgeon has no cases scheduled 24 hours prior to the allocated “block time”, that block becomes an “open” block. On Friday at noon, the following Monday blocks become available to open scheduling.
4. Designated “block” will be reviewed when deemed necessary, such as when changes are requested by surgeons, or blocks are needed for new services, etc.
5. Effort will be made to fill the 8 AM start time in all the allocated “blocks”. If a surgeon requests to work at a later time in his block, it may be necessary to use the 8 AM time for another surgeon. This could possibly delay his/her requested start time depending on the length of the intervening procedures.
6. Patients are normally brought to pre-op approximately one hour prior to the scheduled or anticipated start time.
7. Any surgeon unable to meet his scheduled start time, (such as caring for an emergency elsewhere) should notify the operating room. Other cases will be rearranged if possible to expedite the schedule and to accommodate the delayed patient and surgeon.
8. The operating room supervisor has the authority to delay any surgical case when, in her opinion, after consultation with the Chairman of Surgery and/or the President of the Medical Staff, it is advisable. Any surgeon who disagrees with the opinions of the OR supervisor, Chairman of Surgery or the President of the Medical Staff must nevertheless, abide by the immediate decision and take his objection to the Medical Executive Committee through proper channels.
9. In the case of emergency surgery, the surgeon should contact the anesthesia person on call, to acquaint him with the problem. The department where the patient is located contacts the call persons. During regular hours, if an emergency disrupts the schedule, the surgeon should, out of courtesy, call the physician who will be delayed by the emergency case.
10. The Anesthesiology Department will see all surgery patients, with the exception of local cases. All patients must be scheduled through Pre-Admissions to see the anesthesiologist, and for preadmission testing in advance of the scheduled surgery if possible. Physicians may request anesthesia standby for local cases. The anesthesiologist will then see the patient preoperatively and provide standby during the operation.

11. The necessity of a physician as first assistant is left to the discretion of the operating surgeon.
12. No elective surgery shall be started when the Hospital is operating on emergency power.
13. Standards of dress will be in accordance with the following:
 - A. At no time will street clothes be worn within the restricted areas of the surgical suite. Restricted areas are the operating rooms and immediately adjacent corridors. Street clothes are allowed in Pre-op, Recovery, Outpatient Recovery and corridors adjoining those areas.
 - B. All persons entering the restricted areas of the surgical suite shall be required to wear clean apparel made of a fabric that meets the NFPA standards.
 - C. All head and facial hair must be covered completely by a surgical hood or cap while in the restricted area of the operating room suite.
 - D. All persons shall wear masks/face shields during procedures in the operating room. Masks must cover the mouth and nose completely. Masks must be completely secured to prevent venting at sides. They must not be tucked into a pocket or left hanging around the neck.
14. Physicians should notify the operating room as soon as possible if they are going to be gone for any length of time or if they anticipate they will not utilize their blocks, (such as during vacations). The block will be opened to others.
15. When anesthesia time is limited due to sudden illness or emergency situations, the anesthesiologist should decide the priority of the patients to be done that day.
16. All people not directly involved with proceedings in the operating room suite will be excluded from the surgical suite. Special arrangements may be made for people to observe surgery.
17. There must be a typed or hand-written H&P for each patient prior to surgery. Only in emergency situations may this be omitted. "Office Notes" are acceptable only if all systems are addressed.
18. Regular Department meetings shall be held in accordance with the Medical Staff Bylaws.

These rules and regulations will be adopted and may be from time to time amended by a vote of the majority of the members of the Department of Surgery, with subsequent approval of the Executive Committee of the Medical Staff and the Board of Trustees.

APPROVALS:

Adrian Kuchman 04/26/03
Chair, Department of Surgery Date

W. Eric M.D. 06/24/03
President, Medical Executive Committee Date

Tamara Randall Pres. 7-8-03
President, Board of Trustees Date