

**ST. JOSEPH HOSPITAL
DEPARTMENT OF ANESTHESIA
RULES AND REGULATIONS 2024**

I. PREAMBLE

- 1.1 The Department of Anesthesia shall consist of physicians who are members, employees or subcontractors of the group or entity that has the exclusive contract to provide anesthesia services.
- 1.2 The privilege of practicing anesthesiology carries with it the obligation to participate in the Surgical Emergency Call Schedule and the Obstetrical Call Schedule with other members of the anesthesia staff.
- 1.3 A Chairman and Vice Chairman of the Department of Anesthesia shall be elected in accordance with the Bylaws of the Medical Staff.
- 1.4 The Chairman shall recommend anesthesiologists to the Medical Staff for the purpose of staffing Hospital Committees, as appropriate.

II. MEMBERSHIP

2.1 Nature of Membership:

Membership in the Department of Anesthesia shall be extended only to professionally competent anesthesiologists who continuously meet the qualifications, standards and requirements set forth in these Rules and Regulations and the Medical Staff Bylaws, Rules and Regulations. If a member of the St. Joseph Hospital Department of Anesthesia has Medical Staff privileges restricted or terminated at another facility, the facts supporting the action will be reviewed by the St. Joseph Hospital Department of Anesthesia and Medical Staff in accordance with the procedures outlined in the Medical Staff Bylaws, Rules and Regulations.

2.2 Basic Qualifications for Membership:

Since the Department of Anesthesia is operated on an exclusive staffing basis, with no exceptions, all physicians who request or wish to maintain Privileges in the Department of Anesthesia must be a member, employee, or subcontractor of the group or entity that has the exclusive contract. The anesthesia privileges granted for all the contracting group's anesthesiologists in connection with or under an exclusive hospital contract will be automatically terminated if the group's exclusive agreement with the Hospital is terminated. The anesthesia privileges of any individual anesthesiologist will be automatically terminated if the group that has the exclusive contract gives notice to the Hospital that it has terminated its relationship with that anesthesiologist.

- 2.2.1 The applicant must have successfully completed an ACGME accredited residency in anesthesiology.
- 2.2.2 All anesthesiologists at this hospital shall be certified by the American Board of Anesthesiology. New members who are not board certified must be eligible to take the board examination and shall be required to obtain certification within five (5) years of completion of training. All such members acknowledge that failure to become board certified within five (5) years of completion of formal training will be deemed a voluntary withdrawal of clinical privileges.

2.2.3 Applicants to the Department of Anesthesia shall fulfill all the following requirements.

2.2.3.1 Physicians interested in joining the Department of Anesthesia shall request a walk-through with the Department Chairman or his designee.

2.2.3.2 Applicants who qualify for membership in the Department of Anesthesia must submit a completed St. Joseph Hospital Medical Staff application to the Medical Staff Office. All applicants will be processed in accordance with the procedures set forth in the Medical Staff Bylaws, Rules and Regulations.

2.2.4 All members of the Department of Anesthesia are required to maintain the following Certifications:

2.2.4.1 Either of the following: American Heart Association (AHA) Accredited Advanced Cardiac Life Support (ACLS), or American Society of Anesthesiologists (ASA) Perioperative Resuscitation and Life Support (PerLS) Certificate, and,

2.2.4.2 AHA Accredited Pediatric Advanced Life Support (PALS). As an exception regarding PALS certification, if a physician is a member of the Department of Anesthesia who does not routinely care for pediatric patients or who is not eligible to take call, then the requirement for PALS Certification may be waived by permission from the Chairman. It is reminded that anesthesiologists who are eligible to take call may not be waived of this requirement.

2.2.5 Each applicant shall have current experience in the administration of anesthesia for:

- a. general surgery,
- b. neurosurgery,
- c. adult cardiovascular and thoracic surgery,
- d. urological surgery,
- e. orthopedic surgery,
- f. gynecologic surgery,
- g. ophthalmologic surgery,
- h. ear, nose and throat surgery,
- i. dental surgery,
- j. plastic and reconstructive surgery,
- k. outpatient surgery,
- l. obstetrics,
- m. electroconvulsive therapy,
- n. GI lab, MRI, radiation therapy, cardioversion, and interventional radiology.

2.2.6 The applicant shall submit copies of 20 anesthesia records for cases in which he/she has been the primary anesthesiologist or other proof of such experience satisfactory to the Chairman. These records shall support the applicant's immediate past experience in the fields enumerated above. Patient identification may be deleted from these charts. Ideally, these records shall be provided for cases performed within the last two years and may be case records from the applicant's training institution(s).

2.2.7 Each applicant shall have positive recommendations from at least three reference sources. In the event of a negative recommendation, the Chairman or

his designee(s) shall investigate the grounds for such recommendation as fully as possible and to their satisfaction before recommending such applicant for Medical Staff membership.

- 2.2.8 Each applicant shall be interviewed by the Department Chairman and/or designee(s) to represent a cross section of the Department with respect to specialty participation, special skills, and duration of staff membership. Said interview shall consist in part of a series of standard topics compiled by the Department for this purpose and updated periodically to reflect changes in the state of knowledge in the field of anesthesia. Each applicant shall be required to respond to all of the questions asked from this list, although the scope of the examination shall not be restricted to the questions, at the discretion of the Committee. The applicant must establish satisfactory mastery of his/her clinical ability to perform anesthesia as evidenced by his/her response to the questions asked during the interview. Any answer which, in clinical practice, could result in death or serious bodily harm to a patient may be considered a failure to successfully complete the interview. A record shall be kept of said interview. A written record of the committee's findings and recommendations shall be made to the Chairman. Applicants shall be informed of the results of the interview. The Chairman or his designee(s) may, at their discretion, request the applicant to appear for a further interview at any time before proctoring is complete, or request further documentation to support the privileges requested.

III. PROCTORING

- 3.1 Proctoring shall consist of a minimum of 10 cases of anesthesia administration directly observed by members of the Department. Of the 10 cases, 8 cases must be proctored in the Main O.R. and 2 cases proctored outside of the operating room, 1 being an OB-C-section case, for a total of 10 proctored cases.
- 3.2 Each member of the Department shall complete proctoring as described in the Medical Staff Rules & Regulations Section 8.8: Proctoring duration is for 12 months, with the possibility of an extension for six (6) months.
- 3.3 Perioperative Transesophageal Echocardiography: Proctoring shall consist of the first 2 cases

IV. GENERAL RULES OF CONDUCT

The categories of membership are defined in the Medical Staff Bylaws. Specific requirements for the Department of Anesthesia with regard to these categories are listed below:

4.1 Associate Member:

An associate member may be assigned complex cases only after having demonstrated competency in less complex cases.

4.2 Active Member

- 4.2.1 An Active member will be assigned elective surgical cases by room assignment on a rotational basis. Assignment of cases will be coordinated through the Surgery Scheduling Office. Every attempt will be made to accommodate the requests of patients for specific anesthesiologists. Surgeon requests for a specific anesthesiologist shall be discouraged, but when necessary, may be made only by

direct communication between the surgeon and the Chairman of the Anesthesia Department or his designee. Only the Chairman or his designee shall be authorized to instruct the Surgery Scheduling Office to accommodate such requests.

- 4.2.2 Equal participation in the emergency call schedule is required of all Active and Associate members unless excused by the Senior Relief Program of this Department, or other relief voted upon by a majority of the Department. Reasonable trades will be allowed; however, the anesthesiologist who was assigned the call shall be personally responsible for that coverage unless or until the change is registered with the surgery scheduling office by the anesthesiologist who agrees to accept the call.
- 4.2.3 In the event of an illness or an emergency, a call relief schedule will be used to provide emergency call coverage.
- 4.2.4 Active members may form subgroups within the Department for the sole purpose of reducing individual workloads. Approval for formation, change or dissolution of a subgroup will depend on its effect upon scheduling and coverage of cases and will require a two-thirds (2/3) majority vote of the Department.
- 4.2.5 The workload of senior anesthesiologists can be reduced by participation in the Senior Relief Program (copy appended).
- 4.2.6 An Active member may be granted a sabbatical leave not to exceed six (6) months after every seven (7) years of Active staff membership with the approval of the majority of the Department of Anesthesia. Written guidelines for the application for sabbatical leave are available upon request (copy appended).

V. REAPPOINTMENT REQUIREMENTS

For the purpose of determining continued clinical competence at reappointment, the anesthesiologist must have documentation of minimum 25 completed cases per year / 50 cases within the past 2 years upon reappointment to maintain privileges within the Department of Anesthesia. The completed cases must be for procedures representative of the privileges granted.

VI. PROCEDURES

6.1 Voting:

Upon the request of any Active member of the Department, a secret written ballot shall be used to register any vote at any official Department meeting. The results of such a written ballot shall be made part of the minutes of said meeting.

VII. COMMITTEES

- 7.1 Anesthesia Department M&M: The purpose of this committee is to evaluate and improve the quality of anesthesia care in the hospital. Membership shall include the physician Medical Staff members within the department.

VIII. Department Morbidity & Mortality (M&M)

The Anesthesia M&M Conference is a conference in which members of the Anesthesia Department and health care team participate in objective review of

adverse outcomes, care trends and other department related cases in an effort to improve the quality of care at St. Joseph Hospital. The M&M will be a safe, open and respectful atmosphere for discussion and education. M&M meetings are confidential and subject to peer review protections.

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SENIOR RELIEF PROGRAM

PURPOSE:

The purpose of this program is to reduce the workload of senior anesthesiologists who have served the Department with distinction.

ELIGIBILITY:

An anesthesiologist who is fifty-five (55) years of age or more, or who has been an Active member of this Department for twenty (20) years or more, is eligible to participate in this program by majority vote of the Department in accordance with the Bylaws of the hospital. Exceptions to these requirements may be granted on a case by case basis.

OPTIONS

1. Once a member has reached the age of fifty-five (55), he may elect to take one (1) less major call (OR 1st call or OB) per ten (10) week period, and one less 2nd or 3rd call per 10 week period. No penalty will be attached to this option.
2. Once a member has reached the age of fifty-five (55) and has been a member of the Department for 20 or more years, he may elect to be relieved of all call responsibilities. No penalty shall be attached to this option.

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GUIDELINES FOR APPLICATION FOR SABBATICAL LEAVE

1. Any active member who has worked continuously in the Department of Anesthesia for at least (7) years, and then every 7 years thereafter, will be eligible to apply for sabbatical leave.
2. The member with the longest period of service to the Department shall have preference. Only one member at a given time may take a sabbatical leave. Trades are allowed at any time.
3. The duration of a sabbatical leave may be up to 6 months at the discretion of the Department, in addition to the usual vacation time allotted the member for the given year.
4. Written application for a sabbatical leave should be sent to the Chairman of the Department at least six (6) months in advance.
5. Sabbatical leave will be granted upon majority approval of the Department of Anesthesia.
6. One "call credit" will be counted for every week of leave.
7. Sabbatical leave will not be permitted during the summer vacation.

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CHEMICAL DEPENDENCY POLICY

The chemical dependency policy of the Department of Anesthesia will follow the Medical Staff Bylaws, Rules and Regulations. The Department of Anesthesia will also follow the following special rules, given the unique concerns about the chemical dependency within the specialty of anesthesiology.

1. Any member who has an identified chemical dependency problem should be evaluated by a recognized specialist in chemical dependency to determine whether the member is fit for practice. The request for an evaluation shall be processed in accordance with the Medical Staff Bylaws, Rules and Regulations.
2. The Chairman of the Department of Anesthesia is a resource and should be consulted by the Medical Executive Committee or the Committee on Physician Health to determine whether an anesthesiologist who has an identified chemical dependency problem is fit for practice. (This recommendation may be made in the context of a Medical Executive Committee assessment of whether to terminate a leave of absence, reappoint an anesthesiologist, refer an anesthesiologist to the Committee on Physician Health, or take corrective action. It may also be made to assist the Committee on Physician Health, when a member has been referred to and accepted that Committee's assistance.)
3. The Department of Anesthesia further encourages the Medical Executive Committee or the Committee on Physician Health to confer with it to decide when a member who has suffered from chemical dependency should be required:
 - a. to pass an oral test administered by an appointed panel of anesthesiologists and/or
 - b. to be proctored on twenty (20) or more clinical anesthesia cases.This recommendation will be based upon a review of the severity and duration of the chemical dependency and any other associated disability.
4. Anesthesiologists who are recovering from a chemical dependency and returning to practice should be encouraged to sign a re-entry contract, by the Committee on Physician Health, or required (in appropriate circumstances) to do so by the Medical Executive Committee.
5. In the course of reviewing the applicants for staff membership and clinical privileges, the Department of Anesthesia may evaluate whether the applicant has any prior history of chemical dependency and any treatment for chemical dependency. At its sole discretion, the Department of Anesthesia may also request such information from the applicant's former instructors, employers or associates.
6. The Department of Anesthesia may recommend to the Credentials Committee and the Medical Executive Committee that as a condition of appointment, an applicant who has a history of chemical dependency must complete an agreement that provides for any monitoring and special evaluation deemed necessary to prevent recurrence of chemical dependency.