SAINT JOSEPH HOSPITAL
DEPARTMENT OF ORTHOPEDICS
RULES AND REGULATIONS
2026

1. General

The Department of Orthopedics shall consist of staff members who practice the treatment of diseases and injuries of the musculo-skeletal system.

1.1 The Department shall meet on a quarterly basis.

1.2. The business will be conducted by the Chair or in his absence, the Vice Chair.

1.3. The Chair and Vice Chair shall be elected as printed in the Bylaws and will be expected to serve two (2) consecutive one (1) year terms.

2. Organization

2.1 Orthopedic Executive Committee

2.1.1 Selection of Department Chair: refer to the Bylaws Section 8.5.2

2.1.2 Membership:

The Orthopedic Department chair will serve as the chair of the committee. Other members will consist of the Orthopedic Department Vice-Chair, Immediate Past Chair, and any on-going Orthopedic Ad-Hoc Committee. Two members-at-large to include one junior and one senior member and at least one podiatrist will also be appointed to this committee by vote of the Orthopedic Department. These members will be elected at the November Department meeting.

2.1.3 Duties:

The committee shall:

(1) Oversee the functions of the Department;
(2) Review and act on reports of all the Orthopedic Department committees;
(3) Consider requests for privileges and report to the Medical Staff Credentials Committee on such matters;
(4) Initiate and develop educational programs to improve quality of patient care;
(5) Present summary of actions to the Orthopedic Department on a quarterly basis.

2.1.4 Meetings:

The Committee shall meet at least four times per year.

3.0. Criteria for Granting Privileges:

3.1. Class I Surgical Privileges full or unlimited surgical privileges. A surgeon with Class I privileges may perform any Orthopedic or podiatric procedure except those subject to special standards. Practitioners are eligible for Class I privileges only if they have satisfactorily completed the training requirements by the American Board of Orthopedic Surgery, American Board of Foot & Ankle Surgery, College of Physicians & Surgeons of Canada, or the American Osteopathic Board of Orthopedic Surgery for "board eligibility." In addition, the physician or podiatrist must have completed proctoring. Failure to become Board Certified by one of the above-mentioned boards within five (5) years after completion of formal training will be deemed a voluntary withdrawal of clinical privileges. Once Board Certification is obtained, members of the Department with time limited Board Certifications will not be required to re-certify at expiration to maintain staff privileges.

3.2 Privileges to Perform Spine or Special Procedures:

3.2.1. Privileges to perform spine or special procedures as listed on the Orthopedic procedure privilege sheet will be reviewed by the Orthopedic Executive Committee on an individual basis. A surgeon requesting such special procedure privileges will be required to provide documentation of training and/or experience to perform these procedures. No exceptions to the requirements for documentation will be considered. New techniques or procedures will be assigned status on an as needed basis by the Department. **(Refer to the Orthopedic Core Form re: Spine Core Privilege criteria).**

4.0. Proctoring:

4.1 Class IA surgeon must use a Class I Orthopedic surgeon for a first assistant for all cases requiring a physician as an assistant.

4.2 The surgeon must have three (3) major General Orthopedic cases proctored at St. Joseph Hospital. The three cases must be proctored by two (2) different surgeons, one of whom is not in the surgeon's group. The Class 1A physician must arrange to have his or her first three elective major cases proctored. A major case is one requiring an assistant surgeon. Based on the 1999 Study by the American College of Surgeons: Physicians as Assistants at Surgery, using the section marked "Almost Always". The burden is on the Class IA surgeon to arrange for proctoring for those cases requiring proctors.

4.2.1 The proctor will complete a surgical evaluation commenting on the physician's preoperative and intraoperative work. These forms will be reviewed when a physician is considered for advancement to Class 1 privileges.

4.2.2 The Orthopedic Executive Committee may recommend termination of the privileges and membership of any Class 1A surgeon who does not complete proctoring within 12 months. Any doctor who is terminated for failure to complete proctoring may be reinstated only if s/he submits a new application for membership, which will be accepted for processing only if the doctor provides satisfactory explanation for why s/he failed to complete proctoring within 12 months.

4.3 If subspecialty spine privileges are requested, one spine case can be applied to the three proctored cases; however, it will be required that three (3) subspecialty spine cases be proctored for advancement of spine privileges.

4.4 The current proctoring requirements for special procedures are outlined in Section 7.3.3 of these Rules and Regulations.

4.5 **Urgent/Emergent Cases During Proctoring**

A practitioner undergoing proctoring may perform an urgent or emergency procedure without a proctor when a delay in treatment would jeopardize patient safety and a qualified proctor is not reasonably available. The circumstances shall be immediately communicated to the Department Chair or the Chief of Staff and documented. The case shall undergo retrospective review by the Department Chair, assigned proctor, or designee. Performance of such cases shall not automatically satisfy proctoring requirements unless recommended by the Department Chair and approved by the Medical Staff chain of command.

4.6 The Orthopedic Executive Committee reserves the right to request additional proctoring of cases or chart review.

5.0. Conditions for Reappointment:

5.1. Must be active, associate or affiliate staff member in good standing.

5.2. Any Orthopedic Department member who fails to attain Class I status within the two (2)

year period of provisional staff status will be dropped in accordance with the Bylaws.

6.0. Surgical Assistants:

6.1. Assistants at surgery will be at the discretion of the surgeon in accordance with the criteria defined in the American College of Surgeons Physicians as Assistants at Surgery 1999 Study

7.0 Podiatry Privileges:

7.1. Class IA privileges shall be granted to new Podiatry Subsection members as outlined in the Rules and Regulations governing the Orthopedic Department.

7.2. Podiatrists are eligible to apply for the following privileges:

7.2.1 **Category I:**

Basic Education: Doctorate of Podiatric Medicine (D.P.M.) received from an accredited school of podiatry.

Minimum Criteria for Requesting Clinical Privileges: Applicant must be board certified by the American Board of Foot & Ankle Surgery (ABFAS) within five (5) years from the completion of training. Failure to become board certified by the above-mentioned boards within five (5) years of completion of formal training will be deemed a voluntary withdrawal of clinical privileges. An applicant must demonstrate current competency by documentation of training and experience during the past 24 months.

Minimum Requirements for Requesting Core Privileges: In addition to the basic education and minimum criteria for clinical privileges requirements (see above), the applicant must have completed two years (at least 24 months in surgical residency) of postgraduate residency training approved by the Council on Podiatric Medical Education (CPME) accredited training program and demonstrated competence reflective of the scope of privileges requested. Board qualified or certified in foot surgery, American Board of Foot & Ankle Surgery (ABFAS).

7.2.2 **Advanced Category II (Reconstructive Rearfoot and Ankle Surgery: Complex Rearfoot and Ankle Privileges):**

Minimum Requirements for Requesting Complex Rearfoot and Ankle Privileges: In addition to the basic education and minimum criteria for clinical privileges requirements (see above), the applicant must have completed three years (at least 24 months in a surgical residency) of postgraduate residency training or two years supplemented by fellowship training approved by the CPME. Additionally, the applicant must be board qualified or certified in reconstructive rearfoot/ankle surgery by the American Board of Foot & Ankle Surgery (ABFAS).

7.2.3 **Special Procedures**

Requests for privileges to perform these procedures require, in addition to the basic education and minimum criteria for clinical privileges (as well as those for Complex Rearfoot and Ankle privileges for procedures that involve the ankle or are considered Complex Rearfoot procedures (Category II), proof of training and/or experience with six (6) operative reports with the applicant as primary surgeon.

- Ankle Arthroplasty with prosthesis
- Microscopic nerve/vascular repair
- Operative Arthroscopy/Endoscopy

7.2.4 Additional Procedures

Requests for privileges to perform these procedures require, in addition to the basic education and minimum criteria for clinical privileges, (as well as those for complex rearfoot and ankle privileges for procedures that involve the ankle or are considered complex rearfoot procedures), certification of completion of a training course and passage of any required examinations

- Extracorporeal Shock Wave Therapy (ESWT)
- Laser Procedures - certification for specific type of laser to be used
- Fluoroscopy – certification is required (new physician members to the department are required to obtain certification within one (1) year of initial appointment. Once certification is obtained physician may request Fluoroscopy)

7.3. Qualifications for Advancement to Class I - Foot Privileges:

7.3.1 Podiatrists are eligible for advancement to Class I privileges only if they have satisfactorily completed the training requirements meeting the American Board of Foot & Ankle Surgery (ABFAS) Eligibility.

7.3.2 The podiatrists must have three (3) major general podiatric cases proctored at St. Joseph Hospital. The three cases must be proctored by two (2) different surgeons, at least one of whom is an orthopedic surgeon and at least one of whom is not in the podiatrists group. The Class 1A podiatrist must arrange to have his or her first three elective cases proctored. The burden is on the Class IA podiatrist to arrange for proctoring for those cases requiring proctors.

7.3.2.1 The proctor will complete a surgical evaluation commenting on the podiatrist's preoperative and intraoperative work. These forms will be reviewed when the podiatrist is considered for advancement to Class 1 privileges.

7.3.2.2 The Orthopedic Executive Committee may recommend termination of the privileges and membership of any Class 1A podiatrist who does not complete proctoring within 12 months. Any podiatrist who is terminated for failure to complete proctoring may be reinstated only if he or she submits a new application for membership, which will be accepted for processing only if the podiatrist provides satisfactory explanation for why s/he failed to complete proctoring within 12 months.

7.3.3 **Special Procedures: Ankle Arthroplasty**:

Observation Requirements: One (1) proctored case.

7.3.5 Only one (1) special procedure proctored case may be counted towards the three (3) proctored cases required for advancement. Special Procedures granted as Class 1A privileges, and such proctoring must be completed within one year of receipt. The three cases should be of sufficient variety to demonstrate current clinical competency over the scope of the privileges granted.

7.3.7 The Orthopedic Executive Committee reserves the right to request additional proctoring of cases or chart review.

7.3.8 If the Class IA podiatrist fails to advance within twelve (12) months of initial appointment, he/she will be automatically terminated from staff in accordance with the Medical Staff Bylaws.

7.4 Admitting Privileges:

7.4.1 Podiatrists with privileges may only admit and discharge a patient with the concurrence of a physician Medical Staff member who has admitting privileges. The physician is responsible for completing an admission history and physical examination, daily progress notes as indicated, and a discharge summary. The admitting physician shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during the hospitalization.

7.4.2 The podiatrist may write routine preoperative admitting orders, pertaining to the surgical procedure (except medication orders), and the admitting physician need not co-sign the preoperative admitting orders. Podiatrists may write orders for laboratory and x-ray examinations within the scope of their licensure.

7.4.3 The podiatrist may perform an H&P for patients with an ASA Class 1 score.

7.5 Outpatient Privileges:

7.5.1 Podiatrists ordering outpatient treatments or tests at St. Joseph Hospital shall secure the concurrence of a Class I physician Medical Staff member. All orders must be co-signed and monitored by the Class I physician.

7.5.2 The Podiatrists must obtain a physician Medical Staff member to carry out the above.

8.0 Emergency Room Call Schedule Policy & Procedure

8.1 Emergency Room Call Schedule Responsibilities

8.1.1 The responsibility of the Emergency Room Call Schedules will be that of the members within the Department. Each call schedule (general orthopedics and subspecialties) will have a physician member (Scheduler) of the department who will volunteer or will be assigned by the Department Chair to construct and maintain the call schedule for each month.

8.1.2 If an orthopedist has a limited practice/privileges (on call for hand or spine they can be exempt from the General Orthopedic Call Schedule or serve on both call schedules if they so desire.

8.1.2 The Orthopedic Department call schedules will remain voluntary provided that call is provided for the department every day of every month. If days cannot be covered then call may become mandatory for all staff physicians who are eligible to take call.

(a) Staff physicians must have privileges for the respective specialty in order to be eligible for that call schedule.

8.1.3 Once assigned a call day, the physician will be responsible for covering that day or finding their own coverage. There will be no exceptions to this rule.

8.1.4 If a member of the call schedule wishes to resign from the call schedule, he/she must notify the Department Chair before the next month's call schedule. He/she will be responsible for taking call on any previously assigned dates.

8.1.5 If call cannot be provided for a day, this day will be assigned on a mandatory basis. In the absence of the Chair, the Vice Chair or Acting Chair will be responsible for this appointment.

8.1.6 Any problems with the call schedule should be directed to the Department Chair. In his absence, problems should be directed to the Vice Chair or Acting Chair for resolution. If resolution cannot be obtained, the Chief of Staff should be immediately contacted.

8.1.7 If an Orthopedic surgeon is currently covering ED call in some capacity for Children's Hospital of Orange County (CHOC) ED On-Call Panel the surgeon will

not be required to serve/take on any additional on-call day at/for St. Joseph Hospital (SJH) ER Call.

8.8.1 A staff physician may be exempt from being on any call panel when they have reached 20 years on staff at SJH.

8.2 Procedure for Construction of the ER Call Schedule

8.2.1 The procedure for construction of the ER Call schedule will be as follows:

(a) At least four weeks ahead of the next month's call schedule, the Medical Staff Office will fax one preference sheet to each member on their applicable call schedule(s). A deadline for return of the preference sheets will be stated on the form.

(b) The completed preference sheet will then be faxed by the physician to the office of the applicable Scheduler. It will not be faxed or mailed to the Medical Staff Office. If a preference sheet is not completed and returned, the physician will be placed on any day in which the Scheduler feels is appropriate.

(c) The Scheduler will then assign call days to those members who have volunteered to take call in accordance with the returned preference sheets.

(d) The Scheduler will then fax a complete call schedule to the Medical Staff Office two weeks before the next month's call.

(e) The Medical Staff Office will type the call schedule in the standard format and fax it to the members on the call schedule.

(f) The master copy of the call schedule will be maintained in the Medical Staff Office with the other department call schedules.

(g) Any changes in the call schedule should be communicated with the Medical Staff Office and the Emergency Department.

8.3 Specific Qualifications Required for Participation and Procedure for Construction of the Orthopedic Subspecialty Emergency Call Schedules

8.3.1 The following are the currently available subspecialty Emergency Call Panels:

8.3.1.1 Hand

8.3.1.2 Foot and Ankle

8.3.1.3 Spine

8.3.2 Orthopedic subspecialty Emergency Call Panels will be established as additional call panels separate from the General Orthopedic call panel.

8.3.3 Members of these subspecialty panels must be members of the Orthopedics Department or other departments/sections as specified below who have limited their practice and clinical privileges to subspecialty related disorders and surgeries.

8.3.3.1 Spine call panel may be shared by members of the Neurosurgery Section

8.3.3.2 Hand call may be shared by members of the Plastic Surgery Section

8.3.3.3 Foot and Ankle call may be shared by both Podiatrist and Foot & Ankle surgeons.

8.3.4 Members who agree to serve on a subspecialty call panel must adhere to the same guidelines as stated in section 8.1 above. Construction of the ER call schedules will be followed as stated in section 8.2 above.

8.3.5 Members must cover every day of each month, including weekends and holidays. Only when those members who qualify and are able to cover every day, collectively, will the subspecialty emergency call panels be established, and full coverage of every day is required to maintain this separate panel.

8.3.6 Once established, those members serving on an Orthopedic subspecialty Emergency Call Panel will be excused from mandatory participation on the

General Orthopedics Emergency Call Panel.

9.0 Exemption from Emergency Room Call Due to Disability

9.1 Physicians requesting exemption must submit a medical evaluation from a non-associate physician supporting the disability. (This physician may not be a member within the requesting physician's practice or group.)

9.2 In addition to exemption from the ER call panel, all staff privileges at St. Joseph Hospital must be limited according to the disability. For instance, if your disability limits you from performing heavy procedures or from standing for long periods of time, your hospital/surgical privileges must also be limited to exclude those procedures which are physically strenuous or require long periods of standing, bending, etc. This type of reduction is temporary based on the term of disability. Restoration of full privileges at the termination of the disability does not require application through the initial privilege process.

9.3 Requests for exemption will be considered by the Orthopedic Executive Committee for approval. Exemptions are not effective until the requesting physician has received a formal letter approving the request. Until this letter is received, the requesting physician is responsible for covering all assigned call days.

9.4 Request for restoration of full privileges at the termination of the disability must be requested in writing. The Chair of the Department may grant temporary restoration of the privileges pending final committee approval.

(Dept Rules & Regs Reviewed/Approved: 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020; Ortho Review 2/8/22, MEC 3/17/2022, BOT 4/2022, Ortho rev 8/8/2022, MEC 8/18/2022, BOT 8/25/2022, Ortho Comm 8/4/2024 MEC 8/17/2023; Ortho Comm 6/2025 MEC 6/19/2025; Ortho Comm 9/2026 MEC 9/2026, BOT 9/2026