DEPARTMENT OF ANESTHESIA AND PAIN MEDICINE

RULES AND REGULATIONS

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January 17, 2006
DEPARTMENT OF ANESTHESIA AND PAIN MEDICINE
RULES AND REGULATIONS

PREAMBLE:

It is the purpose of these Rules and Regulations to provide for the organization, administration and governing of the department of anesthesiology of Northwest Community Hospital. The department of Anesthesia and Pain Medicine (“department”) is organized as a clinical department in accordance with the provisions of the bylaws of the medical staff of Northwest Community Hospital. It is intended that the policies and rules and regulations of the department shall not be at variance with any provisions set forth in the bylaws of the medical staff, the rules and regulations of the medical staff or the bylaws of the hospital.

DEFINITION:

Anesthesiology is defined as the practice of medicine dealing with but not limited to:

1. The management of procedures for rendering a patient insensitive to pain and emotional stress during surgical, obstetric and certain medical procedures;

2. The support of life functions under the stress of anesthetic and surgical manipulation;

3. The clinical management of the patient unconscious from whatever cause;

4. The management of problems of pain;

5. The management of problems in cardiac and respiratory resuscitation;

6. The management of problems of respiratory care;

7. The management of various fluid, electrolyte and metabolic disturbances.

* Based on "Guidelines for Patient Care in Anesthesiology",
House of Delegates of the American Society of Anesthesiologists.
Rev. Anes. Sect. 6/19/86

I. MEMBERSHIP
A. **Eligibility:**
   Eligibility shall be defined as membership on the staff of Northwest Community Hospital with the addition of the following provisions for specialty qualification.

B. **Specialty Qualification:**
   All members of the department must have completed an approved residency program in anesthesiology. All applicants, subsequent to the ratification of these policies shall be eligible for certification by the American Board of Anesthesiology.

C. **Application for Membership:**
   1. Membership in the department will be contingent upon successful application to the medical staff of Northwest Community Hospital in accordance with the provisions of Article III of the bylaws of the medical staff.

   2. Recommendations of the department will be submitted by the department chief to the department following:
      a. Interview of the applicant by the chief and an additional member of the department;
      b. Personal communication between the chief of the department and the director of the anesthesiology residency training program in which the applicant received training or an appropriate physician anesthesiologist well acquainted with the applicant by professional association;
      c. Submission of a summary concerning the character, training, qualifications, professional standing, letter of reference and interviews of the applicant to the department by the chief of the department.

   3. Staff appointments shall be made according to board policy. After an applicant has been approved by the department, the department will send its recommendations to the Credentials Committee.

   4. All applicants will be provided with copies of the policies and of the rules and regulations of the department.

D. **Reappointment, Promotion or Change in Staff Category:**
   Promotion or change in medical staff category will be made on the basis of time in previous category, general performance and medical competence and participation in hospital and medical staff activities. The requirements of the bylaws of the medical staff of Northwest Community Hospital as outlined in Article IV and Article V will apply. Reappointment is not automatic and a careful review will be conducted. In evaluation for reappointment, the department will use the
following criteria:

1. Adherence to the policies and rules and regulations of the department;
2. Satisfactory fulfillment of scheduled, emergency and clinical assignments;
3. Satisfactory attendance and performance in intra-departmental affairs;
4. Adherence to recommended practices as defined in the rules and regulations of the department;
5. Accurate maintenance of chart records;
6. Cooperative and non-disruptive performance in department activities.

E. Privileges and Obligations of Membership:
   1. Privileges and obligations of membership on the medical staff of Northwest Community Hospital will be defined in Medical Staff Bylaws, Article IV and Article V.

2. All physician members in the department with the staff status of attending, associate or provisional are eligible to vote at any meeting of the department. The presence of twelve (12) members of the department shall constitute a quorum.

3. The clinical privileges of each member of the department will be granted by the medical executive committee and board of directors of Northwest Community Hospital on the basis of recommendations by the department, which is reviewed every two years. This will include a delineation of privileges for each member of the department in accordance with the requirements of the Joint Commission on Accreditation of Hospitals.

F. Staff Meetings
1. Department meetings will be held in accordance with the Medical Staff Bylaws. The purpose of these meetings is to conduct the business affairs within the department and to present lectures and other educational material. The chief or his/her designee will preside at the department meetings.

2. Staff members are required to attend fifty percent of regular staff meetings in accordance with Article XIII of the medical staff bylaws.
II. CHARACTER OF PRACTICE
The active staff of the department will be members of the medical staff of Northwest Community Hospital, appointed in accordance with the bylaws of the medical staff. Members of the department must comply with the requirements of the policies and rules and regulations of the department and the Performance Guidelines set forth in the letter of Mutual Agreement between Northwest Community Healthcare and Northwest Suburban Anesthesiologists, Ltd. Each individual in the department will conduct himself as a professional to the extent that his behavior is compatible with the demands of Article V, Department 8 of the medical staff bylaws. Their professional responsibilities may encompass the following:

1. The administration of anesthesia, both elective and emergency and the participation in the practice of anesthesiology as defined in the preamble of these policies.

2. The development and conduct of the administrative activities of the department.

3. Organization and participation in continuing medical education programs for the staff.

4. Participation in rounds and teaching activities of other departments, e.g., surgery, medicine and pediatrics.

5. Organization and participation in training programs for other departments as appropriate, e.g., nursing in-service education, respiratory care service.

6. Representation of the department on medical staff committees.

III. OFFICERS
There shall be an attending status physician chief who will be responsible for the proper functioning of the department. The selection of the attending status physician chief will be in accordance with the medical staff bylaws in Article X.

A. Qualifications of Chief:
He/she must have demonstrated leadership in committee work, administration, and fulfill the requirements of Article X, Department 6b of the medical staff bylaws.

B. Duties of the Chief:
The chief of anesthesiology is responsible for the following:

1. Accountable to the medical executive committee for all professional and administrative activities within the department.

2. Implementing actions taken by or directives of the medical executive committee pertaining to the department.

3. Responsible for the professional performances of members of the anesthesiology department:
   (a) Through the mechanisms of the peer review and medical audit committee;
   (b) Based on the above information, the chief makes recommendations to the advisory committee for appointment and reappointment, restriction of privileges, disciplinary actions or suspension of members or potential members of the department.

4. Recommending privileges for all individuals with primary anesthesia responsibility. Clinical privileges shall be processed through established medical staff channels.

5. Monitoring the quality and appropriateness of anesthesia care rendered by Anesthesiologists anywhere in the hospital, including surgical, obstetrical, emergency, ambulatory care, psychiatric and special procedure areas.

6. Recommending to the administration and medical staff the type and amount of equipment necessary for administering anesthesia and for related resuscitative efforts, assuring through at least annual review that such equipment is available.

7. Developing regulations for anesthetic safety.

8. Assuring that the quality and appropriateness of anesthesia care are monitored and evaluated and that appropriate action based on findings is taken.

9. Establishing a program of continuing education for all individuals who have clinical privileges in anesthesia. The program shall include in-service training and be based in part on the results of the evaluation of anesthesia care. The extent of the program shall be related to the scope and complexity of anesthesia services provided.

10. Participating in the development of policies relating to the functioning of anesthesiologists, the administration of anesthesia in various departments/services of the hospital and the hospital's program of cardiopulmonary resuscitation. When appropriate, the department chief should provide consultation in
the management of problems of acute and chronic respiratory insufficiency as well as in a variety of other diagnostic and therapeutic measures related to patient care.

11. Appointing representatives from the department to participate in the hospital's program of continuing medical education. The extent of the anesthesiologists participation should be related to the scope and complexity of anesthesia services and include involvement with the cardiopulmonary resuscitation programs and respiratory therapy, including the use of related equipment.

12. Responsible for chairing the staff relations committee and each department meeting.

13. Submitting an annual report to the board of directors on the activities of the department during the year.

C. Recall Procedure:
A chief may be recalled at the recommendation of a majority of the executive committee and with the vote of two-thirds of the voting members of the department of anesthesiology. In case of recall of the chief, the vice-chief shall preside over the department meetings.

IV. COMMITTEES

A. Anesthesia Staff Relations Committee:
The responsibility of this committee will be to conduct peer review of the members of the staff of the department to assure:

1. That the conduct and activities of the staff members shall be in compliance with bylaws of the medical staff of Northwest Community Hospital and the policies and rules and regulations of the department.

2. That the conduct and activities of the staff members shall be in accordance with accepted recommendations of medical ethics, taking as one such recommendation the "Guidelines to the Ethical Practice of Anesthesiology" as amended and accepted by the House of Delegates of the American Society of Anesthesiologists on October 11, 1973.

3. That the conduct and activities of the members of the staff shall result in satisfactory service to
patients and reflect professional competence. In this area, the staff relations committee will specifically evaluate and take action upon receiving reports of unsatisfactory service to patients.

4. Resolve issues arising between anesthesiologists and other members of the medical staff, hospital staff or other anesthesiologists.

(a) This committee will resolve conflicts involving members of the department and other members of the medical staff. Should one of the members of the staff relations committee be the subject of a review, he will be replaced by an ad hoc member from the department.

(b) The staff relations committee shall meet as necessary and a meeting may be called by any of its members. The committee shall review critical event reports involving members of the department. These reports will be filled out in any unusual event involving a member of the department by one of the following:

   (1) Involved anesthesiologist;
   (2) Involved staff physician;
   (3) Involved nurse.

5. Upon completion of peer review, the findings of the committee and specifically any recommendation for suspension of professional privileges, termination of medical staff membership, denial of medical staff reappointment or requirement of consultation will be reported to the chief of the department.

6. The chairperson of the staff relations committee shall be appointed by the department chief. The department secretary will prepare minutes of the committee meetings and conduct correspondence of the committee.

7. The membership of the committee shall include the chief, vice chief, medical director of the Day Surgery Center, and the president and vice president of Northwest Suburban Anesthesiologists.

8. The staff relations committee will establish written guidelines for the conduct of peer review and morbidity and mortality conferences and these will be distributed to members of the department. The guidelines established by the committee for the conduct of peer review will be kept on permanent file in the medical staff office.

9. The committee will be composed of five members. Three members of the committee must be present to constitute a quorum. Decisions of the committee will be taken by majority vote. Should one
of the members of the staff relations committee be the subject of peer review, he will be replaced by an ad hoc member from the same department appointed by the staff relations committee. In the absence of a quorum, an ad hoc member will be appointed by the Anesthesia Staff Relations Committee.

10. The Anesthesia Staff Relations Committee will not take any actions that conflict with the requirements of the Letter of Mutual Agreement between Northwest Suburban Anesthesiologists and Northwest Community Healthcare. The meetings of the Anesthesia Staff Relations Committee will not substitute for the problem resolution meetings with the hospital administration required under the Letter of Mutual Agreement.

B. **Anesthesia QMI Committee**  
   1. It will be the responsibility of this committee to conduct audits for the department. The activity of the committee will encompass:  
      (a) Audit at regular intervals of areas of particular importance to the evaluation of anesthesia practice;  
      (b) Continuing morbidity and mortality review to include the development and utilization of a system for reporting of anesthesia morbidity and mortality.