

DEPARTMENT OF ANESTHESIOLOGY
HARTFORD HOSPITAL
RULES AND REGULATIONS

ARTICLE I

Membership

1. Membership in the Department of Anesthesiology will be granted and maintained in accordance with the Medical Staff Bylaws of Hospital.

ARTICLE II

Leadership

1. The Department of Anesthesiology shall have a Chief, an Associate Chief and a Secretary.

2. The Chief will be appointed (or so removed) as described in the Hospital Medical Staff Bylaws and will oversee or perform all duties as outlined therein. The Chief will be responsible to the Vice President, Medical Affairs for the functioning of his/her department.

3. The Associate Chief shall be appointed by the Chief after consultation with Hospital Administration at the Annual Meeting of the Department for a term of one (1) year that is renewable. In the absence of the Chief or in the event the Chief's inability or refusal to act, the Associate Chief shall perform the duties of the Chief, subject to approval of the Medical Executive Committee, and when so acting shall have all the powers of and be subject to all the restrictions upon the Chief. The Associate Chief shall perform such other duties as from time to time may be assigned by the Chief consistent with the Medical Staff Bylaws.

4. The Secretary shall be elected by a majority vote at the Annual Meeting of the Department members for a term of one (1) year that is renewable. Nominations for this office shall be made from the floor. The Secretary shall keep accurate and complete minutes of all meetings of the Department and see that all notices are duly given

5. If any appointed leadership position of the Department becomes vacant, it shall be filled at the next meeting of the Department.

ARTICLE III

Divisions and Sections

1. The Department shall be organized into Divisions/Sections as established by the Chief from time to time after consultation with and approval of Hospital Administration. Each Division will have a Division Director and each Section will have a Section Chief who will report to the Chief. The Division Director and Section Chief will be appointed by the Chief after consultation with and approval of Hospital Administration with input from the Executive Committee.

2. Membership in a Division/Section will be granted and maintained by application to and an appointment by the Chief of the Department with input from the Division Director consistent with Department policies and Hospital's Credentials policy.

3. Each Division and Section will have delineations of privileges for procedures and other activities developed by the Department and consistent with the Hospital Credentials policy

4. The Department of Anesthesiology shall be divided into the Sub-specialty Divisions as set forth in Attachment A.

ARTICLE IV

Committees

1. The Department shall have the standing committees outlined below. In addition, the Chief shall establish additional committees as needed, from time to time in accordance with the Medical Staff Bylaws.

2. **Executive Committee:** The Executive Committee of the Department shall consist of the Chief, the Associate Chief, the Secretary, the OR Anesthesia Clinical Coordinator, the

Department Administrator, and two (2) other members who shall be elected at the Annual Meeting of the Department from nominations made from the floor for a term of three (3) years, that is renewable. The Executive Committee shall serve as an advisory group to the Chief and shall be convened as requested by the Chief or any two (2) members of the Executive Committee.

3. **Quality/Performance Improvement/Peer Review Committee:** The Quality/Performance Improvement/Peer Review Committee of the Department shall consist of the Committee Chair, representation from subspecialty areas, the Department Administrator, and QI staff, all appointed by the Chief for terms of three (3) years that are renewable, as well as ad-hoc members as required for PI/Peer Review. The committee will be responsible for ongoing data collection, analysis and evaluation of untoward events related to anesthesia care, and developing corrective action plans to improve patient care.

4. The **Executive Committee** may serve as the **Quality/Performance Improvement/Peer Review Committee** in order to facilitate evaluation of QI data and propose and approve corrective action plans.

5. **Medical Capital Equipment- Committee:** The Medical Capital Equipment-Committee shall consist of three (3) active staff members of the Department, appointed by the Chief. This committee shall advise the Hospital administration regarding 1) the needs for medical capital equipment for use by the Department in providing anesthesia services. 2) the ordering and maintenance of this equipment and other expendable supplies and 3) on all matters of anesthesia equipment safety.

ARTICLE V

Meetings

1. The Chief shall schedule its Annual Meeting for the month of November. Notice will be sent or posted in designated location(s), two weeks in advance.

2. The Chief shall schedule regular Department Meetings, at least quarterly each year. The agenda of the regular Department Meetings shall be prepared by the Chief. Notice will be sent or posted in designated location(s) two weeks in advance.

3. Special meetings may be called at the discretion of the Chief or on the written request of ten (10) percent of active staff members of the Department or at least two voting members of the Department (whichever is greater). Special meetings will have a minimum of 48 hours advance notice with date, time and place.

4. A quorum for the conduct of business at any Department meeting shall be those voting members present (but not less than two). Recommendations and actions shall be by consensus. If, in the discretion of the Chief, it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.

5. Minutes shall be taken at each Department and Committee meeting and other meetings, as applicable per the Hospital's Medical Staff bylaws. A record shall be made of those in attendance, recommendations made and votes per matter, and a summary of the actions that transpired. A summary of the recommendations and actions will be reported to the Medical Executive Committee.

Article VI
Credentialing, Privileges and Special Privileges

1. Individuals will be granted appointment or reappointment to the Hospital Medical Staff according to the Hospital Credentials Policy. Areas of subspecialty expertise requiring additional training, as well as other credentialing decisions or clinical matters relevant to the members of the Department, will be determined by the Chief, subject to Hospital's Medical Staff Bylaws and Credentials policy. Special privileges will be approved by the Chief, as set forth by the subspecialty requirements outlined in Attachment B. Privileges for new procedures and for procedures that cross specialty lines will be developed and granted as per the process outlined in the Credentials policy.

2. The Chief or designee shall keep a roster of all members of the Department and make periodic reviews of their qualifications.

ARTICLE VII
On-Call Policies

1. The Chief shall be responsible for establishing the on-call schedule consistent with requirements established by Hospital Administration for the Department members. This schedule also includes anesthesia residents and CRNAs who are assigned call responsibilities for that specific day.

2. Anesthesia on-call schedules are available on-line and are also delivered to key hospital departments, including the Operating Room, PACU, Pharmacy and OB/Labor and Delivery.

ARTICLE VIII

Amendments

1. These Rules and Regulations may be amended by the Chief with the approval of the Executive Committee and the Medical Executive Committee. Notice of these changes will be sent to all members of the Department within a reasonable period of time.

Revised 10/20/2015; supersedes all previous updates

ATTACHMENT A

SUB-SPECIALTY DIVISIONS

- Ambulatory Anesthesia
- Off-Floor Anesthesia
- Cardiac Anesthesia
- Neurosurgical Anesthesia
- OB/GYN Anesthesia
- Orthopedic Anesthesia
- Regional/Pain Management
- Pediatric Anesthesia
- Post-Anesthesia Care
- Transplant Services
- Trauma Anesthesia
- Thoracic and Vascular Anesthesia

ATTACHMENT B

SUB-SPECIALTY REQUIREMENTS FOR SPECIAL PRIVILEGES

1. Anesthetic management and supervision of cardiopulmonary bypass
 - a. Cardiac fellowship or demonstrated competency through observation by the Department Chief or designee
2. Transesophageal Echocardiography (TEE), Diagnostic
 - a. Cardiac fellowship and certification by the National Board of Echocardiography in Advanced Peri-operative Transesophageal Echocardiography
3. Anesthetic management of pediatric patients less than 18 months of age
 - a. Pediatric fellowship and Pediatric Advanced Life Support (PALS) certified training
4. Critical Care Anesthesia
 - a. Critical Care fellowship and certification by the American Board of Anesthesiology in Critical Care Medicine
5. Anesthetic Management for airway laser surgery
 - a. Demonstrated competency and observation by the Department Chief or designee
6. Chronic Pain Management
 - a. Pain Management Fellowship and sub-specialty certification by the American Board of Anesthesiology in Pain Management
 - b. Regional anesthesia utilizing lytic nerve blocks for chronic pain therapy
7. Fluoroscopy Use
 - a. Demonstrated competency test