

HARTFORD HOSPITAL

DEPARTMENT OF SURGERY

RULES AND REGULATIONS

Hartford Hospital Values

INTEGRITY

We Do the Right Thing

CARING

We Do the Kind Thing

EXCELLENCE

We Do the Best Thing

SAFETY

We Do the Safe Thing

TABLE OF CONTENTS

		Page
ARTICLE 1	Name	3
ARTICLE 2	Leadership	3
ARTICLE 3	Divisions	3
ARTICLE 4	Committees	4
	A. The Executive Committee	4
	B. The Sub-Committee on Quality Improvement	5
ARTICLE 5	Meetings	5
ARTICLE 6	Department Activities	5
	A. Morbidity and Mortality Conferences	5
ARTICLE 7	Standards of Practice	6
ARTICLE 8	Delineation of Privileges	6
ARTICLE 9	Amendments	6
ARTICLE 10	Vacancies	6
ARTICLE 11	On Call Coverage	6

ARTICLE 1
Name

The name of this organization shall be the "Department of Surgery of the Medical Staff of Hartford Hospital".

ARTICLE 2
Leadership

1. There shall be a Chief, Associate Chief(s) and Assistant Chief(s) in a number commensurate with the level of administrative duties.
2. The Chief of the Department will be appointed (or 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. The Chief shall define the duties of the Associate Chiefs, and any office or position in the Department.
3. The Associate Chiefs of the Department of Surgery shall be appointed by the Department Chief after consultation with Hospital Administration for a term of one (1) year that is renewable. In the absence of the Chief or in the event of Chief's inability or refusal to act, Associate Chiefs 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 Chiefs shall perform such other duties as from time to time may be assigned by the Chief consistent with the Medical Staff Bylaws.
4. If any elected position of the Department becomes vacant, it shall be filled at the next meeting of the Department.

ARTICLE 3
Divisions

1. The Department of Surgery shall be organized into Divisions established by the Chief after consultation with and approval of Hospital Administration which may include, but not be limited to, ColoRectal Surgery, General Surgery, Metabolic & Bariatric Surgery, Pediatric Surgery, Plastic Surgery, Podiatric Surgery, Surgical Critical Care, Surgical Oncology, Thoracic Surgery, Transplant Surgery, Trauma and Vascular Surgery.
2. Each Division will have delineation of privileges for procedures and other activities developed by the Department consistent with the Hospital Credentials policy.
3. Membership in a Division 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 Hospital's Credentials policy.
4. Each Division will have a Division Director. Each individual will report to the Chief. The Division Director will be appointed by the Chief after consultation with and approval of Hospital Administration with input from the Executive Committee for each Section.

5. Duties of the Division Director will include, but not be limited to, oversight of Division operations, quality assurance, and quality improvement, creation of administrative reports, participation in educational processes for department members and ancillary staff, supervision and direction of resident staff education, and collaboration with their UCONN counterpart with regards to education, research and clinical programs.
6. Terms of appointment of the Division Director will be three (3) years and will be renewable. Reappointment to Division Director will be by the Chief of the Department with input from Hospital Administration and the Executive Committee.

ARTICLE 4 **Committees**

1. There shall be an Executive Committee, Quality Improvement Sub Committee and such other committees and subcommittees in accordance with the Medical Staff Bylaws and as established by the Department Chief, from time to time. Members of such committees shall make reports to the Chief and the department members

A. The Executive Committee

- 1) The Chief and Associate Chiefs (s) shall be members of the Executive Committee. The Chief of the Department shall act as Chairman of the Executive Committee. The Chief may appoint a Designee to serve as Chairman of the Executive Committee.
- 2) Eight additional members of the Executive Committee shall be chosen for a three year term as follows:

The Department membership shall elect 5 (five) members as follows (no more than one person from each service):

Three from: Pediatric Surgery, Plastic Surgery, Podiatric Surgery, Surgical Critical Care, Thoracic Surgery, Transplant Surgery and Vascular Surgery

Two from: General Surgery (including Colorectal Surgery, Metabolic & Bariatric Surgery, Surgical Oncology and Trauma)

- 3) The Chief shall name (3) three members to the Executive Committee from the Active Staff of the Department. The Chief's choices will attempt, among other considerations, to achieve a balanced representation among the Divisions. These names shall be presented at the March Department meeting.
- 4) These (8) eight members shall be limited to (2) two consecutive (3) three year terms on the Executive Committee.
- 5) The Executive Committee shall be empowered to review all business of the Department including oversight of quality of care and shall report to the Department for information and ratification.
- 6) The Executive Committee shall meet monthly unless otherwise determined by the Chief.
- 7) The Executive Committee shall be duly constituted and begin its term at the March meeting.

B. The Sub-Committee on Quality Improvement

- 1) The Chief and the Director of Quality will be permanent members of the Sub-Committee on Quality Improvement (SCQI).
- 2) The Chief may appoint (2) two or more additional members to achieve the diversity necessary to provide unbiased reviews of the issues presented.
- 3) The SCQI reports directly to the Executive Committee.
- 4) This subcommittee will meet as often as necessary, but at least once per calendar year

ARTICLE 5
Meetings

1. The date, place and time of each regular meeting, at least quarterly each year, will be specified by the Chief and members will be notified at least two weeks prior to the scheduled meeting.
2. There will be an Annual Meeting each year, at a time and place designated by the Chief. Notice will be sent or posted in a designated location at least two weeks in advance.
3. Special Meetings may be called by the Department Chief or his designate at a date, time and place announced as set forth in the Medical Staff Bylaws. Special meetings may also be called at the written request of 10% of the voting members of the Department but not fewer than two members.
4. A quorum for the conduct of business shall be those voting members present (but not fewer than two.) Recommendations and actions of the Department and Divisions shall be by consensus. In the event it is necessary to vote on an issue, that issue shall be determined by a majority of the voting members present.
5. Minutes shall be taken at department and committee meetings, and at 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 recommendations and actions will be reported to the Medical Executive Committee.

ARTICLE 6
Department Activities

A. Morbidity/Mortality Conferences

1. Divisional Morbidity and Mortality Conferences shall be held at reasonable intervals at which time selected deaths and complications shall be peer reviewed.
2. Divisional Morbidity and Mortality Conferences shall be chaired by a practitioner with the same scope of practice and privileges that correspond to the care, treatment and services needed by the patient.

ARTICLE 7
Standards of Practice

1. The oversight of the quality of patient care, treatment and services provided by the practitioners privileged within the Department of Surgery remains with the Chief of the Department with input from the Division Directors, Credentials Administrator and peer review.
2. Practitioners privileged within the Department of Surgery shall practice only within the scope of their privileges.
3. The patient's general medical condition is managed and coordinated by a physician with appropriate privileges unless otherwise delegated.
4. The practitioner must have privileges that correspond to the care, treatment and services needed by the patient.
5. A written Peer Review/Quality Management program is in place for the review of adverse events and deaths.

ARTICLE 8
Delineation of Privileges

1. Threshold eligibility criteria for medical staff's clinical privileges, appointment, re-appointment and relinquishment will follow Hartford Hospital's Credentials Policy.
2. Special Procedure Delineations shall meet eligibility criteria of Hartford Hospital's Credentials Policy. Privileges for new procedures and procedures that cross specialty lines will be developed and granted as per the process outlined in the Credentials policy.

ARTICLE 9
Amendments

The Chief of the Department, subject to approval by the Executive Committee of the Department of Surgery and the Medical Executive Committee, shall establish or revise rules and regulations for the operation of the department. The Executive Committee shall meet monthly, but may, at any time, add or change the Rules and Regulations without prior notice. However, notification of these changes will be provided to Members of the department within a reasonable time frame.

ARTICLE 10
Vacancies

Should any elected office of the Department become vacant; it shall be filled at the next meeting of the Department by the same procedure as that at the annual meeting.

ARTICLE 11
On Call Coverage

The Chief or his/her designee will be responsible for establishing the on call schedules for the Department members consistent with requirements established by Hospital Administration.

APPROVALS/REVISIONS

Governing Body	REVISED	APPROVED
Approved by the Department of Surgery Executive Committee		10/9/15
Approved by the HH Medical Executive Committee		
Approved by the HH Board of Directors		