

**McLaren-Greater Lansing
Rules of the
Department of Anesthesiology**

ARTICLE I. PURPOSE AND ORGANIZATION

1.1 PURPOSE

- 1.1.1 The purpose of the Department of Anesthesiology shall be to perform the organizational responsibilities incumbent upon Professional Staff departments and to specifically address issues related to the practice of anesthesiology at McLaren Greater Lansing.

1.2 ORGANIZATION

- 1.2.1 The Department of Anesthesiology is established pursuant to Article XIII, Section 13.1 of the Bylaws of the Professional Staff of McLaren Greater Lansing (Bylaws)
- 1.2.2 The affairs of the Department shall be conducted through its Sections, Chairman, and Committee of the Whole.

ARTICLE II. DEPARTMENT MEMBERSHIP

2.1 NATURE OF THE DEPARTMENT MEMBERSHIP

- 2.1.1 The Department of Anesthesiology shall consist of Members of the Professional Staff who have been recommended to the Department of Anesthesiology by the Credentials Committee and Professional Staff Executive Committee (PSEC) and appointed by the Board of Trustees.

2.2 ASSIGNED ALLIED HEALTH PROFESSIONALS

- 2.2.1 Allied Health Professionals with specified service authority to provide dependent services shall be those as recommended by the Credentials Committee and PSEC and appointed by the Board of Trustees, and as departmentally assigned per established policy and as consistent with the Special Policy for Allied Health Professionals of the Bylaws.
- 2.2.2 Requests for specified service authority of Certified Registered Nurse Anesthetists (CRNAs) shall be processed in the manner specified in the Professional Staff Bylaws, Special Policy for Allied Health Professionals, except that due to the unique relationship of CRNAs to Members of the Department of Anesthesiology, the Chairman shall sign the sponsor statement of behalf of the Department. The Department will follow these procedures:

- a. When the CRNA's provisional year is completed, the Department Chairman will complete the Appraisal and Recommendation and Skills Competency Evaluation with input from all Members of the Department.
- b. During the biennial reappointment review process, the Department Chairman will complete the Appraisal and Recommendation and Skills Competency Evaluation with input from all Members of the Department and sign the Sponsoring Physician Statement in the reappointment application on behalf of the Department Members.

2.3 BASIC QUALIFICATIONS FOR DEPARTMENT MEMBERSHIP

- 2.3.1 Members/Applicants of the Department shall meet the basic qualifications for membership on the Professional Staff. (Bylaws, Article IV)
- 2.3.2 Members/Applicants must have successfully completed a residency program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- 2.3.3 Members/Applicants of the Department who are fellowship-trained, if requesting privileges to apply skills obtained in such a fellowship program, must be eligible to sit for the certifying examination in the applicable specialty board recognized by the ACGME or AOA. If the ACGME or AOA does not accredit the fellowship and no specialty board exists, the member/applicant must submit the program curriculum, procedure logs and a signed attestation from the Program Director that the practitioner met the program requirements.
- 2.3.4 Members must engage primarily in the practice of anesthesiology.
- 2.3.5 Initial applicants must appear for a personal interview by the Chairman.
- 2.3.6 Members initially appointed to the Department must satisfactorily complete the observation requirements of the Department.
- 2.3.7 Members of the Department or Members of the Professional Staff who possess privileges within the Department must participate in the quality assessment and peer review activities of the Department.
- 2.3.8 All applicants to the Department shall have completed the equivalence of a four (4) year anesthesiology residency program in accordance with the American Society of Anesthesiologists or AOA guidelines. For residents who have completed the equivalence of a three-year residency program prior to July 1986, this requirement is waived.

2.4 BASIC RESPONSIBILITIES OF DEPARTMENT MEMBERSHIP

- 2.4.1 Primary responsibilities of Members of the Department shall be as defined in the Bylaws.
- 2.4.2 Active Members shall participate in the emergency call rotation as assigned by the Chairman.
- 2.4.3 Active non-Provisional Members of the Department are responsible for observation of initially appointed Members.

2.5 DURATION OF APPOINTMENTS/REAPPOINTMENTS

- 2.5.1 Initial appointments to the Department are provisional in nature for a period as defined in the Bylaws (Section 5.1).
- 2.5.2 Reappointments shall occur on a cycle consistent with the Bylaws and Administrative Protocol. (Ref. Bylaws, Section 5.1-2 and Article VII).

ARTICLE III. PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

3.1 GENERAL PROCEDURE

3.1.1 Department Review

- 3.1.1.1 The Department shall review, investigate and consider each completed application for appointment, reappointment, request for additional privileges or modification of Professional Staff status, and shall adopt and transmit a written recommendation to the Board of Trustees through the Credentials Committee and PSEC, noting specific recommendations and conditions attached to the recommendation and a statement of rationale for such recommendation. (Bylaws, Section 6.4)

3.1.2 Section Review

- 3.1.2.1 When Professional Staff membership or status, privilege considerations, or reappointment are requested in the Department, which are specific to a specialty Section recognized by the Department, the Section or Section Chairman shall review, investigate, and consider each application request and shall adopt and transmit a written recommendation to the Department Chairman.

3.1.3 Chairman Authority

- 3.1.3.1 The Chairman of the Department, at his discretion, may submit recommendations on behalf of the Department to the PSEC through the Credentials Committee and Board of Trustees with regard to reappointment and/or change of Professional Staff status.

3.1.4 If additional information is required during the Department's review process, the Chief Executive Officer (CEO), or his designee, shall be notified, and the CEO shall make such request of the applicant. (Bylaws, Section 6.2-2 and 6.3)

3.1.5 For stated cause, the Department may defer action on an application.

ARTICLE IV. DEPARTMENT RESPONSIBILITIES FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES

4.1 GENERAL CONDITIONS

4.1.1 Considerations for all appointments, reappointments, and delineation of clinical privileges shall be governed by the Bylaws and General Rules and the Department's Rules.

4.1.2 The Department shall maintain a Core Privileges request form, subject to PSEC and Board of Trustees approval, which shall be considered a part of these Rules.

4.1.3 The Department shall establish credentialing criteria upon which to evaluate requests for clinical privileges. If specific renewal criteria apply to specific clinical privileges, these shall be stated as well.

4.1.4 In developing credentialing policy, the Department shall take into account inter-departmental considerations and shall make every effort to establish consistent criteria, where appropriate.

4.2 CLINICAL PRIVILEGES

4.2.1 Determination of Clinical Privileges

4.2.1.1 Determination of clinical privileges shall be made based on documented evidence of training and experience and other indicators of the applicant's competence. Specific criteria are specified in the Core Privileges Form.

4.2.2 Scope of Clinical Privileges

4.2.2.1 The scope of clinical practice within the Department of Anesthesiology encompasses the use of anesthetic medications and agents as an adjunct to medical and surgical care. Such practice may include preoperative, intra-operative, and post-operative evaluation, administration, and management as well as pain management for chronic conditions. Members of this Department must request all clinical privileges defined as within the Department's scope of clinical practice through this Department.

4.2.2.2 Admitting privileges, if desired, must be specifically requested (refer to Core Privileges form).

4.2.3 Additional Privilege Requests

4.2.3.1 Additional privileges may not be requested in conjunction with reappointment and must be submitted on the acceptable request form. A request will be considered incomplete unless accompanied by supporting documentation as may be applicable.

4.2.3.2 Prior to performing new techniques/procedures, the applicable credentialing must occur. *Please refer to the “Practitioner Apprenticeship in Established Techniques/Procedures and Privileging for New Techniques/Procedures”* located in the General Policies of the Bylaws.

4.2.4 Conditions of Clinical Privileges

4.2.4.1 Special conditions attached to specific clinical privileges, i.e., specific observation requirements, are defined in the Department’s Core Privileges form.

4.2.4.2 General conditions for observation and provisional status of initially appointed clinical privileges include observation as defined in Article VI of these Rules and/or as specifically defined in the Department’s Core Privileges form.

4.2.5 Renewal of Clinical Privileges

4.2.5.1 Observed clinical performance and results of quality assessment/improvement and peer review activities shall be considered. Where specific activity benchmarks are identified, experience in other institutions during the applicable period will be accepted.

ARTICLE V. QUALITY IMPROVEMENT AND PEER REVIEW

5.1 COMPOSITION

5.1.1 The Quality Improvement Committee shall consist of Active staff members who remain in good standing throughout the tenure of membership on the Committee. Those present and eligible to vote (but not less than three members) shall constitute a quorum. The Committee will meet no less than quarterly.

5.2 SELECTION AND TENURE

5.2.1 Member volunteers will be solicited by the Department Chair. If additional members are needed to fulfill composition requirements, members will be selected by the Department Chair.

5.2.2 Each member shall serve a two (2) year term, commencing on the first day of the calendar year following his/her appointment to the Committee. Members may remain on the Committee for as long as they remain Active staff members.

5.2.3 Committee members will appoint a Chairperson who is currently an active Committee member, who will fulfill a two (2) year term as that officer. The Chairperson will be responsible to train the Chairperson-elect, prior to vacating office.

5.2.4 Selection and tenure of members will occur on a staggered schedule, to ensure continuation and understanding of Committee functions and duties.

5.3 FUNCTIONS AND DUTIES

5.3.1 The Committee, as directed by the Hospital Quality Improvement Plan, will work to ensure effective function of methods for quality assessment and improvement activities.

5.3.2 The mechanisms for review may include primary retrospective review of patient care for the purposes of evaluating the quality of care and selecting cases for discussion and education of department members. Results of the surveillance and review activities will be reported to the appropriate departments/committees, as directed by the Bylaws or other governing documents.

ARTICLE VI. OBSERVATION

6.1 OBSERVATION REQUIREMENTS FOR DEPARTMENT MEMBERSHIP

6.1.1 Initial applicants appointed to the Department are provisional and subject to satisfactory completion of a one (1) year observation period.

6.2 OBSERVATION PROTOCOL

6.2.1 An Observation Committee of no less than three (3) Members shall be appointed by the Chairman of the Department.

6.2.2 A minimum of one hundred (100) major general anesthesiology cases shall be observed within the initial twelve (12) months of membership. Specific privilege observation requirements for other than general anesthesia are delineated in the Core Privileges form.

6.3 COMPLETION OF OBSERVATION

6.3.1 At the end of the initial twelve (12) months observation period, the Observation Committee shall submit a recommendation to the Department Chairman, for (1) approval of privileges without further observation, (2) extension of the observation period, or (3) revocation of privileges in the Department.

6.3.2 Following consideration of the Committee's recommendation, the Department shall make a recommendation to the Board of Trustees through the Credentials Committee and PSEC.

6.4 FAILURE TO COMPLETE OBSERVATION REQUIREMENTS

- 6.4.1 Failure of the candidate to complete the observation requirements within the designated period will result in re-evaluation of the application for privileges in the Department.
- 6.4.2 Professional Staff Members who fail to complete the observation requirements due to inactivity may reapply for Professional Staff membership and/or clinical privileges.

6.5 EXTENSION OF OBSERVATION PERIOD

- 6.5.1 Any Professional Staff Member with observation status may, in writing or in person, request extension of the observation period or reconsideration of his application. Extensions of the observation period shall not extend such time beyond two (2) years from the initial appointment date.

ARTICLE VII. OFFICERS

7.1 ELECTION OF OFFICERS

- 7.1.1 A Chairman shall be elected for a two (2) year period by a two-thirds (2/3) majority of the eligible voting Members of the Department.

7.2 CHAIRMAN

- 7.2.1 The Chairman shall be the presiding officer of all Department meetings.

The Chairman, or his designee, shall be responsible for carrying out all responsibilities and functions as designated for departmental chairmen in the Bylaws of the Professional Staff and shall serve as the representative of the Department of Anesthesiology on the PSEC and Surgery Executive Committee.

- 7.2.2 The Chairman may select a Vice Chairman to act on behalf of the Department in his absence in order to maintain continuous support and communication on behalf of the Department.
- 7.2.3 The Chairman shall be responsible for establishing the emergency on-call schedule for the Department.

7.3 VICE CHAIRMAN

- 7.3.1 The Vice Chairman, as selected by the Chairman, shall act on behalf of the Department in the Chairman's absence or assist in carrying out other duties as assigned.

ARTICLE VIII. MEETINGS AND ATTENDANCE REQUIREMENTS

8.1 FREQUENCY OF DEPARTMENT MEETINGS

- 8.1.1 The Department shall convene at a minimum quarterly on a schedule established by the Chairman in consultation with Members of the Department.

8.2 SPECIAL MEETINGS

- 8.2.1 Special meetings of the Department, Section, or Committee may be called at the discretion of the Chairman, thereof, by the Co-Chief(s) of the Professional Staff or one-third (1/3) of the group's current membership in a manner consistent with the Bylaws. (Bylaws, Section 12.8)

8.3 QUORUM

- 8.3.1 As consistent with the Bylaws, Members eligible to vote and present, but at least three (3), shall constitute a quorum.

8.4 DEPARTMENT MEETING ATTENDANCE REQUIREMENTS

- 8.4.1 Meeting attendance requirements shall be consistent with the Bylaws and General Rules.
- 8.4.2 Each Member of the Active Category shall be encouraged to attend at least fifty percent (50%) of all Department meetings.

ARTICLE IX. COMMITTEES

9.1 SPECIAL COMMITTEES

- 9.1.1. Special Committees may be established as necessary.

ARTICLE X. GENERAL RULES

10.1 BOARD CERTIFICATION

- 10.1.1 For purposes of acceptable certifying agencies, the Department acknowledges only those agencies that are recognized by the ACGME and the AOA following completion of formal training.

10.2 NURSE ANESTHETISTS

10.2.1 A. Scope of Practice

CRNAs shall administer anesthesia within the scope of this license under the supervision of an anesthesiologist.

B. Credentialing

1. CRNAs shall be credentialed through the Credentials Committee in accordance with the Bylaws of the Professional Staff.

10.2.2 An anesthesiologist shall be responsible for pre- and post-operative patient assessment and evaluation and for related documentation and appropriate written orders.

10.3 OPERATIONAL POLICIES

10.3.1 Explosive agents are prohibited for general anesthetic purposes and may not be used within the Hospital.

ARTICLE XI. ADOPTION AND AMENDMENT

11.1 DEPARTMENT RESPONSIBILITY AND AUTHORITY

11.1.1 The Department shall have the responsibility and delegated authority to formulate, adopt and recommend Rules and Amendments for the Department of Anesthesiology after recommendation to the PSEC and subject to the approval of the Board of Trustees.

11.1.2 Endorsement of a two-thirds (2/3) majority of the eligible voting Members is required.

11.2 AMENDMENT

11.2.1 Upon recommendation to the PSEC and subject to the approval of the Board of Trustees these Rules may be amended by a two-thirds (2/3) majority of the eligible voting Members of the Department.

11.3 GLOSSARY

11.3.1 All terms utilized in the context of these Rules shall be consistent with the terms defined in Article II of the Bylaws.

11.4 PERIODIC REVIEW OF DEPARTMENT RULES

11.4.1 These rules shall be reviewed at least every two (2) years.

11.5 ADOPTION

11.5.1 The foregoing Rules were adopted and recommended to the PSEC and the Board of Trustees in accordance with, and subject to, the Bylaws of the Professional Staff.

ADOPTED AND APPROVED:

Chairman, Department of Anesthesiology

Date

Professional Staff Executive Committee

Date

Board of Trustees

Date