ARTICLE I. PURPOSE AND ORGANIZATION

1.1 PURPOSE

1.1.1 The purpose of the Cardiovascular-Thoracic Surgery Section (Section) is to carry out the responsibilities specific to the scope of surgical practice delineated and defined herein. Such responsibilities shall be consistent with Article XIII of the Professional Staff Bylaws and shall be as defined in the Rules of the Department of Surgery (Department).

1.2 ORGANIZATION

1.2.1 The business of the Section shall be conducted through a Committee of the Whole, presided over by the Section Chairman.

ARTICLE II. SECTION MEMBERSHIP

2.1 NATURE OF SECTION MEMBERSHIP

2.1.1 The Section shall consist of Members of the Department of Surgery who have met the qualifications as established by the Department and this Section, and who have been duly appointed by the Professional Staff Executive Committee and the Board of Trustees.

2.2 QUALIFICATIONS FOR MEMBERSHIP

2.2.1 Members of the Section shall meet the basic requirements for membership on the Professional Staff in the Department of Surgery.

2.2.2 Members must be privileged in the practice of cardiac, vascular and/or thoracic surgery.

2.2.3 Initially appointed Members must satisfactorily complete the observation requirements of the Department as established at the time of appointment and in accordance with the Department and these Section Rules. Such observation shall consist of a minimum of ten (10) cases—concurrent observation of three (3) cardiac, two (2) vascular and two (2) thoracic procedures; and retrospective review of three (3) cases.
2.2.4 Members of the Section shall participate in quality assessment and peer review activities specific to the Cardiovascular/Thoracic Section as defined by the Section and/or Department.

2.2.5 Members of the Section shall have completed a cardiovascular, general vascular, or thoracic surgery residency program accredited by the American Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) with board certification within five (5) years of completion of the formal training program being strongly encouraged.

2.3 BASIC RESPONSIBILITIES OF SECTION MEMBERSHIP

2.3.1 Primary responsibilities of Section Members shall be as defined in the Department Rules and the Bylaws.

2.3.2 Active/Active-Provisional Members shall be required to participate in emergency call rotation as directed by the Section Chairman.

Exception: Initially appointed Members may participate in the call rotation only after satisfactory completion of six (6) observed cases with appropriate documentation by an assigned observer.

ARTICLE III. PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

3.1 PROCEDURE OF APPOINTMENTS AND REAPPOINTMENTS

3.1.1 Procedures for appointment and/or reappointment shall be as defined in accordance with the Department Rules and the Bylaws.

3.1.2 The Section Chairman shall review and consider each application/privilege request and provide a written recommendation to the Department Chairman.

3.1.3 The Chairman of the Section, at his discretion, may submit recommendations on behalf of the Section with regard to reappointment and/or changes of Staff status.

3.1.4 Consideration for all appointments, reappointments, delineation of clinical privileges, and change in membership status shall be governed by the Department Rules, General Rules, and Bylaws.

3.1.5 The Section shall establish a "Credentialing Policy", which shall outline specific criteria for clinical privileges.
3.1.6 In developing the Credentialing Policy, the Section shall take into account inter-departmental considerations and shall make every effort to establish consistent criteria where appropriate.

3.1.7 The Section shall maintain a privilege delineation form, subject to Department, Executive Committee, and Board of Trustees approval, which shall be part of the application for membership to the Professional Staff.

3.1.8 Each applicant must be interviewed in person by the Section Chairman, who shall make his recommendation to the Department Chairman, stating any specific cause for any adverse or conditional recommendations to the Department Chairman.

3.2 SPECIFIC CRITERIA FOR REAPPOINTMENT OF CERTAIN PRIVILEGES

3.2.1 Cardiac Surgical Privileges - Members must perform an average of fifty (50) cases as the primary surgeon per year during the preceding two-year period. This criteria shall not apply to the first two (2) years of practice.

3.2.2 Failure to meet recredentialing criteria - Failure to meet the criteria as established by the Section for recredentialing of privileges shall initiate automatic review of cases performed. Following such review, a recommendation to the Department for approval of reappointment/recredentialing of such privileges, conditional reappointment/recredentialing of privileges, i.e., re-initiation of observation for a stated period of time, or revocation of privileges due to failure to meet reappointment/recredentialing criteria shall be made. Subsequent to final action by the Board, recommendation for revocation of privileges shall entitle Members to due process in accordance with Fair Hearing provisions in the Bylaws.

3.2.3 Activity numbers from other institutions within the community may be counted toward the fifty (50) case requirement. A list of cases must be accompanied by a statement from the chief of surgery at the institution attesting to the Member’s activity.

ARTICLE IV. CLINICAL PRIVILEGES

4.1.1 The scope and delineation of privileges shall be determined based on privileges requested and supporting documentation of training and experience.

4.1.2 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.

4.1.3 Reappointment of privileges shall include consideration of results of observed clinical performance and quality improvement activities as well as other criteria that may be established by the Section as indicators of competence, subject to Department approval.
ARTICLE V. OFFICERS OF THE SECTION

5.1 ELECTION OF OFFICERS

5.1.1 A Chairman shall be elected for a two (2) year period by a majority of the voting Members of the Section and as consistent with the Bylaws.

5.2 CHAIRMAN

5.2.1 The Section Chairman must be a member in good standing in the Section.

5.2.2 The Section Chairman shall carry out specific responsibilities as delegated by the Chairman of the Department.

5.2.3 At his discretion, the Section Chairman may appoint a Co-Chairman.

5.2.4 Section Chairmen shall be members of the Surgical Executive Committee (SEC) and shall accept responsibilities delegated by the Department Chairman and report his Section recommendations and activities to the SEC.

ARTICLE VI. MEETINGS

6.1 The Section shall meet as frequently as necessary to carry out ongoing activities of the Section and/or as directed by the Department.

ARTICLE VII. GENERAL RULES

7.1 PERFORMANCE OF CARDIAC PROCEDURES

7.1.1 Cardiac Team Requirements – Are set forth to provide for adequate coverage of cardiac patients. The cardiac team shall publish a call schedule that provides for coverage 7 days a week, 24 hours a day.

The established standard of practice of the Section shall require each primary cardiac surgeon to name another surgeon, who is also a Member of the Section with appropriate cardiac privileges, for each cardiac procedure performed. This other surgeon must be available to co-manage the patient pre-, inter- and post-operatively as necessary and/or as requested by the primary surgeon.
7.2 REQUIREMENTS FOR CARDIAC SURGERY

7.2.1 All cardiac procedures shall have a surgeon and an assistant, as defined in 7.2.2, present during the critical portion of the case.

7.2.2 A surgeon, surgical resident, licensed/certified physician assistant or RN first assistant with cardiac experience who is appropriately credentialed may qualify as an assistant and must assist in an average of fifty (50) cardiac surgeries per year.

7.3 SCHEDULING OF SURGICAL PROCEDURES

7.3.1 Procedures shall be scheduled in accordance with the Department Rules and established policy.

ARTICLE VIII. ADOPTION AND AMENDMENT

8.1 SECTION RESPONSIBILITY AND AUTHORITY

8.1.1 Section Rules are subject to approval of the Department, the Professional Staff Executive Committee, and the Board of Trustees and shall be consistent with the Bylaws.

8.1.2 Such approved Rules become part of the Department Rules and in all instances are subordinate to the Department Rules.

8.2 AMENDMENT

8.2.1 These Rules may be amended or repealed by the Section, subject to the approval of the Department, the Professional Staff Executive Committee, and the Board of Trustees.

8.3 GLOSSARY

8.3.1 All terms utilized in the context of these Rules shall be consistent with terms defined in the glossary of the Bylaws of the Professional Staff (Article II).
8.4 ADOPTION

8.4.1 The foregoing Rules were adopted and recommended to the Department, the Professional Staff Executive Committee, and the Board of Trustees in accordance with and subject to the Bylaws.

ADOPTED AND APPROVED:

___________________________________________________ _________________________
Chairman, Section of Cardiovascular-Thoracic Surgery Date

________________________________________________ _________________________
Chairman, Department of Surgery Date

________________________________________________ _________________________
Professional Staff Executive Committee Date

________________________________________________ _________________________
Board of Trustees Date