The Department of Anesthesia is organized to provide accountability for professional performance and ethical conduct of its members to the Summa Health System Board of Directors and to strive toward continual improvement of the quality of patient care delivered in the Department consistent with the recognized standards of professional care and resources available; to provide educational opportunities to its members and to continually advance professional knowledge; to provide ongoing review of patient care practices; and to provide a means through which the Department may participate in the Hospital’s policy-making and planning processes.

The Department of Anesthesia shall be organized as follows:

I. Officers of the Department

A. Department Chair
   1. The Department Chair shall be appointed by the Hospital Board and shall meet the qualifications as outlined for a Department Chair in the Summa Health System Medical Staff Bylaws.
   2. Duties of the Department Chair are outlined in the Summa Health System Medical Staff Bylaws.
   3. Removal of the Department Chair is outlined in the Summa Health System Medical Staff Bylaws.

B. Department Vice Chair
   1. The Vice Chair shall be a member of the Active Medical Staff and shall be qualified by training, experience, and demonstrated ability in at least one of the clinical areas within the Department.
   2. The Vice Chair shall be appointed by the Department Chair and approved through the Medical Executive Committee.
   3. Duties of the Vice Chair shall be:
      a. Act as presiding officer, or representative, at any meeting as designated by the Chair.
      b. Assist Department Chair in the development, implementation, evaluation, and monitoring of the Department quality review programs.
      c. As appropriate, review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the clinical privileges to be exercised within the Department by members of, or applicants to, the Medical Staff in the Department.
      d. Evaluate the clinical work performed in the Department as assigned.
      e. Perform such other duties commensurate with the office that may be requested by the Department Chair.
   4. The Vice Chair shall serve the same term as the Department Chair until his/her successor is chosen, unless he/she resigns or is removed from office.
   5. Removal of a Vice Chair
      a. Removal of the Vice Chair shall be at the discretion of the Department Chair, and reported to the Medical Executive Committee.
      b. Removal of the Vice Chair does not constitute adverse action and shall not entitle the member removed to any hearing or appeal rights regarding the issue of removal.

C. Division Chiefs – as applicable
   1. Division Chiefs shall be members of the Active Staff of the Department of Anesthesia.
   2. Division Chiefs shall be qualified by training, board certification in the appropriate specialty or subspecialty, experience, and demonstrated current ability in the clinical areas included within their division.
   3. Division Chiefs shall be appointed as follows:
      a. The Department Chair shall nominate a member of the Department of Anesthesia to serve as Division Chief.
      b. Upon acceptance, the nominee will be presented to the Department membership for their information.
      c. The Department Chair shall notify the Medical Executive Committee, for their information, of the decision of the Department.
   4. Each Division Chief shall serve a minimum term of two years unless he/she resigns prior to the end of the term, or is removed from office.
5. Duties of the Division Chief shall be:
   a. Act as presiding officer at any division meeting and keep accurate records of the proceedings.
   b. Assist in the development and implementation, in cooperation with the Department Chair, of a program to carry out the quality review, evaluation, and monitoring function assigned to the division.
   c. Review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the clinical privileges to be exercised within his/her division by members of, or applicants to, the Medical Staff in the Department of Anesthesia.
   d. Evaluate the clinical work performed in the division.
   e. Conduct investigations and submit reports and recommendations to the Department Chair regarding the clinical privileges to be exercised within his/her division by members of, or applicants to, the Medical Staff in the Department of Anesthesia.
   f. Perform such other duties commensurate with the office that may, from time to time, be requested by the Department Chair.

6. Removal of a Division Chief:
   a. Removal shall be at the discretion of, the Department Chair,
   b. Removal of a Division Chief does not constitute adverse action and shall not entitle the member removed to any hearing or appeal rights regarding the issue of removal.

II. Department Meetings
   A. Department meetings are held quarterly (and as needed) at 7:30 a.m. on Friday mornings, with the remaining Fridays being educational presentations. Department meetings may be canceled at the discretion of the Department Chair.
   B. Each member of the Active Staff in the Department of Anesthesia shall be required to attend at least fifty percent (50%) of all department meetings. Failure to meet the attendance requirement, without excuse satisfactory to the Department Chair or designee, may be grounds for corrective action as described in the Medical Staff Bylaws.
   C. A quorum for a Department of Anesthesia meeting shall be a majority of the Active members available to be present at the meeting. Only Active members shall be eligible to vote.
   D. Executive Session of the Department meeting may be called as determined by the Department Chair. At Executive Sessions, members shall include Active Staff members of the Department and a recording secretary.

III. Staff Categories
   A. The Department of Anesthesia shall consist of the following staff categories:
      • Active Staff without Privileges
      • Active Staff with Privileges
      • Affiliate Staff
      • Retired Staff
      • Allied Health (non-Medical Staff)

IV. Appointment and Clinical Requirements
   A. In addition to the qualifications outlined in the Summa Medical Staff Bylaws, physician members of the Department of Anesthesia must meet the following requirements:
      1. Completion of an Anesthesiology residency training program approved by the ACGME (Accreditation Council for Graduate Medical Education) or by the AOA (American Osteopathic Association).
      2. Must be board certified by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology; or active participation in the ABA or AOA Board certification process and must attain Board certification within five (5) years of completion of all educational/practice requirements necessary to take the board examination for reappointment.
      3. Must possess and maintain a residence within a reasonable distance of the hospital
4. Must provide additional documentation and information for credentialing as requested by the Department Chair and/or Division Chief

5. Must demonstrate a commitment to participate as appropriate in the clinical, educational and service activities of the Department of Anesthesia, including consults and care of the uninsured at Summa Health System.

B. Core Privileges

Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients of all ages. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached clinical privileges list (Attachment 1) and such other procedures that are extensions of the same techniques and skills.

C. Application Process

1. Upon receipt of a completed application, and application fees, the application will be evaluated in accordance with Summa Medical Staff policy.

2. Upon verification of the application, the Department Chair, or his designee, and the appropriate Division chief, will receive the completed application and conduct a clinical interview before making a recommendation to the Credentials Committee. The Chair shall announce the recommendation made to the Credentials Committee at the next Departmental meeting.

D. Delineation Form

1. The delineation form for clinical privileges is defined in Attachment A. Additional privileges or modification of privileges may be made in accordance with the Medical Staff Bylaws. Requests for additional privileges must be accompanied by appropriate documentation of training and/or experience.

E. Reappointment

1. Reappointment to the Medical Staff is made every two years in accordance with the Medical Staff Bylaws.

2. Each physician must have a letter from the Department Chair (or Division Chief of the physician's primary hospital) certifying adequate activity levels and addressing overall clinical competency, the absence of quality of care problems, educational and service contribution, medical record completion, and physical and mental health status;

F. Terms of Appointment

1. All appointments shall be made by the Summa Health System Board in accordance with the procedures set forth in the Credentialing Appointment/Reappointment Policy and the Summa Health System Medical Staff Bylaws;

2. All initial appointments are provisional for one (1) year;

3. During the provisional period, each appointee’s performance and clinical competence shall be monitored by the Department Chair, or his/her designee. At the conclusion of the provisional period, the Department Chair shall review the appointee’s performance with regard to:
   a) Quality of patient care
   b) Relationship with physicians, patients, and other health care personnel
   c) Ethical conduct
   d) Physical and mental health
   e) Compliance with the Summa Health System Medical Staff Bylaws, Department Rules and Regulations, and Hospital policies
   f) Timely completion of medical records
   g) Board certification status

4. The Department Chair shall submit a written report regarding the appointee to the Credentials Committee for approval. The report must include a recommendation for permanent appointment or continuation of the provisional appointment for a one (1) year period of time.
G. Revocation, Suspension or Limitation of Department Membership

Membership in the Department of Anesthesia can be revoked, restricted, or suspended as outlined in the Summa Medical Staff Bylaws.

H. Leave of Absence

A member of the Department who will be absent for six (6) months or longer may obtain a voluntary leave of absence. A leave may be requested in accordance with the Medical Staff Bylaws and may be granted for a period of up to two (2) years. Reinstatement from a leave of absence is also described in the Medical Staff Bylaws.

V. Professional Practice Evaluations

All appointees will be subject to professional practice evaluations.

A. Initial appointments and new privileges will merit a Focused Professional Practice Evaluation (FPPE), as determined by the Department Chair and/or designee and established in Department rules and regulations, in accordance with bylaws and available standards, and approved by the Medical Executive Committee. Final report will be submitted to the Medical Staff Credentials Committee for approval.

B. All medical staff appointees will have Ongoing Professional Practice Evaluations (OPPE), at an interval not less than every 6 months. Specifications are determined by the Department Chair and/or designee and established in Department rules and regulations, in accordance with bylaws and available standards, and approved by the Medical Executive Committee. This information will be submitted to the Medical Staff Credentials Committee, to be used in the reappointment process.

C. When a practitioner’s clinical competence, practice behavior, or performance of privileges indicate the need for a period of focused performance monitoring, a targeted FPPE will be developed and implemented by the Department Chair and/or designee, in accordance with bylaws and available standards, and approved by the Medical Executive Committee. The result of the FPPE will be handled in accordance with Medical Staff Policy.

VI. Amendments

These Rules and Regulations may be amended at any regular meeting of the Department of Anesthesia. A majority vote (50% +1) of the members present shall be required for adoption of each amendment proposed. Approval of these amendments shall be subject to approval of the Medical Executive Committee and the Summa Health Board.

VII. Matters Not Addressed by the Departmental Rules and Regulations

The Bylaws, Policies and Procedures of the Medical Staff of Summa Health System shall serve as a reference until the Rules and Regulations of the Department of Anesthesia can be amended to address such matters.

VIII. Appendices to the Rules and Regulations of the Department include:
1. Clinical Privileges List, Department of Anesthesia

IX. Medical Staff Definitions (Refer to the Medical Staff Bylaws)

X. Ethics and Ethical Relationships

The Principles of Medical Ethics are consistent with those outlined in the Medical Staff Bylaws.

Original Date: 8-26-93

Revised: 1-19-96
7-31-00
9-6-02
11-15-05
11-27-18
Approved:     Medical Executive Committee – 2-8-96
         Board of Trustees – 2-22-96

Department Approval:  11-28-18
Medical Executive Committee Approval: 12-13-18