The Department of Ophthalmology is organized to provide accountability for professional performance and ethical conduct of its members to the Summa Health System Board 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 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 Ophthalmology 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 a Department Chair is outlined in the Summa Health System Medical Staff Bylaws
   B. Department Vice Chair – as applicable
      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 clinical area within the Department.
      2. The Vice Chair shall be appointed by the Chair of the Department 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. Conduct investigations and submit reports and recommendations to the Department Chair regarding clinical privileges to be exercised within the Department by members of, or applicants to, the Medical Staff in the Department.
         f. 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 may be initiated by:
         a. Removal of a Vice Chair shall be at the discretion of the Department Chair, and reported to the Medical Executive Committee.
         b. Removal of a 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 Ophthalmology.

2. Division Chiefs shall be qualified by training, board certification in the appropriate specialty or subspecialty, experience and demonstrated current ability in the clinical area included within their division.

3. Appointment of Division Chiefs:
   a. By the Department Chair, or
   b. Division members shall select a leader acceptable to the Department Chair, or
   c. Upon acceptance by the Department Chair, the nominee will be presented to the Department membership for their information.
   d. The Department 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, or designee, 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 Ophthalmology.
   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.
   f. Perform such other duties commensurate with the office that may from time to time be requested by the Department Chair.
   g. May serve as education coordinator for the division for education of residents and students and shall coordinate the continuing medical education of attending and ancillary staff.

6. Removal of a Division Chief may be initiated by:
   a. Removal of a Division Chief 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.

D. Residency Program Director
1. Appointment process:
   a. A Department Chair may name or appoint residency and fellowship directors, or form a departmental search committee.
   b. The ACGME requires that residency and fellowship directors be approved by the Graduate Medical Education Committee (GMEC).
   c. The GMEC approved candidate is then referred to the Medical Executive Committee.
   d. The Designated Institutional Official (DIO) for Graduate Medical Education is required to submit GMEC-approved program director appointments into the
ACGME WebADS data system, and then that appointment is reviewed by the respective Review Committee, which has final approval authority over the appointment.

2. Duties of the Residency Program Director:
   a. Management and supervision of all aspects of the residency training program.
   b. Recruitment and selection of residents.
   c. Medical direction of all facilities utilized for the express purpose of education.
   d. Recruiting, maintaining and supervising a highly competent faculty teaching staff for resident education.
   e. Ensuring that all aspects of the residency program are in full compliance with applicable accreditation standards.
   f. Working with the Department Chair to implement mutually supportive activities between the residency program and the departmental membership.

3. Removal of a Program Director:
   a. Removal of a Program Director shall be at the discretion of the Department Chair.
   b. The Designated Institutional Official (DIO), or the Graduate Medical Education Committee may recommend removal.
   d. Removal of a Program Director must be reported to the Medical Executive Committee.
   e. Removal of a Program Director 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. The Department will meet on a regular basis at a time and place designated by the Department Chair with appropriate consideration of membership needs. Department meetings may be canceled at the discretion of the Department Chair.
   B. Conduct of Business
      1. Department business shall be conducted under generally accepted parliamentary rules of order.
      2. A quorum will be required for the conduct of all business requiring the placing of motions and the taking of a vote.
      3. A quorum shall be specifically defined in the department addendum, but must have at least a minimum of three members.
      4. Unless otherwise stated in these rules, passage of all items to be voted upon requires a simple majority of voting members present or responding by email.
      5. In the absence of a quorum, the administrative business of the Department may be conducted. Such business would include reports of committees, dissemination of information and all other routine matters not requiring a vote.
      6. An 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.
C. Voting Rights
   1. Active Staff
      An active staff member may vote on any matter presented at a Department meeting and any departmental committee meeting of which he/she is a member.
   2. All Other Staff Categories
      These categories of membership may only vote on matters presented to department committees to which the member has been appointed.

D. Absent Voting Members
   1. In anticipation of an issue to be voted upon in his/her absence, a voting member may register his/her vote by written or oral proxy.
   2. Proxy votes are to be registered with the Department Chair or designee.

E. Members with active admitting privileges are required to attend a minimum of 50 percent of department meetings. Failure to meet the attendance requirement, as defined, without excuse satisfactory to the Dept Chair or designee, may be grounds for corrective action as described in the Summa Medical Staff Bylaws.

III. Departmental Committees
   A. A Department Peer Review Board shall convened on an as-needed basis.
   B. Other standing and ad hoc committees may be formed at the discretion of the Department Chair to attend to necessary Department functions.

IV. Division Meetings
   A. Division meetings shall be held at the discretion of the Division Chief, as needed and appropriate. Members shall be notified at least three days prior to the meeting by telephone, an electronic message or written notice.
   B. Attendance requirements for division meetings are at the discretion of the Department Chair. Failure to meet the defined attendance requirement, without excuse satisfactory to the Division Chief may be grounds for correction action as described in the Summa Medical Staff Bylaws. Meeting attendance is reviewed during reappointment.
   C. A quorum for a division meeting shall be defined as those present.
   D. Minutes of the division meeting shall be recorded and forwarded to the Department Chair. Any pertinent information should be reported during the Department meeting.

V. Appointment and Clinical Requirements
   A. In addition to the qualifications outlined in the Summa Medical Staff Bylaws, members of the Department must meet the following general requirements:
      1. Must be certified by a primary board or hold appropriate sub-specialty certification within their field of practice where a specialty board exists, or become board certified within five (5) years of appropriate residency and/or fellowship training completion or within the amount of time specific by the applicant’s specialty, whoever is less. The certification must be recognized by the American Board of Medical Specialties or the American Osteopathic Association. If a period of clinical practice is required prior to certification examination, the five (5) year interval shall begin at the completion of the practice period.
      2. Must maintain an office and residence within a reasonable distance of the hospital.
      3. Must provide additional documentation and information for credentialing as requested by the Department Chair and/or Division Chief.
4. Must demonstrate a commitment to participate as appropriate in the clinical, educational and service activities of the Department, including consults and care of the uninsured at Summa Health System.

B. Scope of Practice
The scope of practice is defined in Appendix A.

C. Terms of Appointment
1. All appointments shall be made by the Hospital 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 their 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. This report shall be submitted 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. The Department shall be notified of this recommendation.

D. Professional Practice Evaluations
All appointees will be subject to professional practice evaluations.

1. 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.
2. All medical staff appointees will have Ongoing Professional Practice Evaluations (OPPE), at an interval not less than every 9 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.
3. 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 determine the continuation, suspension, or revocation of privileges, as determined by the Medical Staff Cabinet and Credentials Committee.

E. Revocation, Suspension or Limitation of Department Membership
Membership in the Department may be revoked, restricted, or suspended as outlined in Article II of the Summa Medical Staff Bylaws.
VI. Amendments

These Rules and Regulations may be amended at any regular Department meeting. The proposed amendment must be sent to each voting member at least seven (7) days before the scheduled meeting. Providing a quorum is present, a two-thirds (2/3) majority vote 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 Hospital Board.

VII. Matters Not Addressed by the Departmental Rules and Regulations

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

VIII. Appendices to the Rules and Regulations of the Department include:

A. Scope of Practice
B. Delineation of Privileges
C. Ongoing Professional Performance Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), and Peer Review

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.