I. INTRODUCTION:
Pursuant to the bylaws of the medical and dental staff of Riverview Medical Center, the Department of Anesthesiology has adopted the following rules and regulations in order to implement, more specifically, the general principles set forth in said bylaws.

II. DEPARTMENT PHILOSOPHY, OBJECTIVES AND PURPOSE:
A. Anesthesiology is a discipline within the practice of medicine specializing in:
   1. The medical management of patients who are rendered unconscious and insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures (involves preoperative; intraoperative and postoperative evaluation and treatment of these patients);
   2. The protection of life functions and vital organs (e.g. brain, heart, lungs, kidney, liver) under the stress of anesthetic, surgical, and other medical procedures;
   3. The management of problems in pain relief;
   4. The management of cardiopulmonary resuscitation;
   5. The management of problems in pulmonary care;
   6. The management of critically ill patients in special care units.
B. A competent anesthesiologist is a physician from whom one can expect:
   1. Medical judgment - ready availability of mature medical judgment applicable to solutions of medical problems associated with patients' care as this relates to the practice of the specialty;
   2. Scholarship - the talent, training, and habits of study necessary for evaluating and appropriately applying knowledge;
   3. Technical ability - facility in providing all technical services likely to be required in the practice of the specialty.
C. The Department of Anesthesiology is committed to:
   1. Providing the best possible patient care in Anesthesia at Riverview Medical Center;
   2. Achieving and maintaining a high level of knowledge and skill by the members of the Department;
   3. Providing a scholarly environment in the Department, including the encouragement of teaching and education of this surgical specialty;
   4. Promoting and supporting the reputation of Riverview Medical Center in general and of this Department in particular;
   5. Providing representation on QAPI Committees;
   6. Dealing with QAPI issues at the monthly meeting of the Anesthesia Department;
   7. Providing anesthesia service in the main operating room suites, Emergency Department, Radiology Department, Obstetrical Suites, Medical Outpatient
Department and various outpatient surgery locations;
8. Providing anesthesia services only by a qualified anesthesiologist or CRNA under the direct supervision of a qualified anesthesiologist.

TO FULFILL THESE OBJECTIVES, THE RULES AND REGULATIONS OF THIS DEPARTMENT ARE HEREBY DECLARED.

III. DEPARTMENT ORGANIZATION:
The Anesthesiology Department is comprised of Anesthesiologists with specialty training in the field of Anesthesiology. The Department is under the direction of a Board certified anesthesiologist who fulfills all the qualifications for the Director of Anesthesia services in accordance with State law and acceptable standards of practice. The Chair of the Department is responsible for the single hospital wide anesthesia service.

IV. GENERAL RULES FOR MEMBERSHIP (APPOINTMENT):
The granting, reappraisal and revision of clinical privileges shall be in accordance with Medical Staff Bylaws and Rules and Regulations.

V. ACTIVE STAFF:
A. All members of the Active Staff shall hold rank. The ranks of the Active Staff shall be Provisional Attending, Assistant Attending, Associate Attending, Full Attending and Senior Attending.
B. Appointments to the Active Staff shall be for a term of two (2) years.

VI. OFFICERS:
The Officers of the Department shall be:
1. Chair
2. Vice Chair
**ORGANIZATIONAL CHART**

- **CHAIR**
  - PAIN MANAGEMENT SUB-COMMITTEE
  - WORK SCHEDULE
  - ON-CALL SCHEDULE
  - OPERATING ROOM LIASON
  - MEC
  - OR Committee
  - QA &I Committee

**REQUIREMENTS OF OFFICERS:**
Only a member of the Anesthesia Department who meets the criteria for qualifications of Chair as so stated in the Medical Staff Bylaws shall be elected Chair. Only a member of the Anesthesia department who meets the criteria as so states in the Medical Staff Bylaws shall be elected Vice-Chair.

**SELECTION OF OFFICERS:**
The Chair and Vice Chair shall be elected by its members eligible to vote on Departmental matters. A quorum will consist of at least twenty-five percent (25%) of eligible members. Nominations and elections will be in accordance with Medical Staff Bylaws. Terms of Office, Leave of Absence and duties of Chair and Vice Chair will be in accordance with the Medical Staff Bylaws.

A. Officers shall be elected for a term of one (1) year and shall take office on January 1st following the election at the October Department meeting. Notwithstanding anything to the contrary in these Rules and Regulations, only Full Attending and Senior Attending in good standing shall be eligible to make nominations.
B. An elected Officer may resign by giving written notice to the President of the Medical Staff and the President of the Medical Center. Resignation shall be effective only when accepted by the Board of Trustees.

C. A majority of Full Attending members of the Department may, for cause, recommend to the Medical Executive Committee, removal, suspension, or regulation of the activities of an Officer. Cause shall include failure to perform adequately the duties and responsibilities assigned to said Officer. Prior to such removal, suspension or regulation, said Officer(s) shall be entitled to make an appearance at a Department meeting and be heard on the subject under consideration. Such appearance shall not constitute a formal hearing and the Officer(s) shall not be entitled to be represented by Counsel.

D. Any leave of absence ninety (90) days or more involving a Chair or Vice Chair will necessitate the appointment of a new Chair or Vice Chair.

E. In the event of a vacancy in the Office of Chair, the Vice Chair shall assume the duties and responsibilities of the Chair for the un-expired portion of the term.

VII. MEETINGS:
Meetings will be called and held in accordance with the Medical Staff Bylaws. The Chair or designee shall preside and direct all agenda at all Department meetings. At no time will there be less than four (4) Departmental meetings per year.

A. Business meetings will be held from time to time at the discretion of the Chair.

B. Clinical meetings will be held monthly that will include QI case presentation, didactic lectures or continuing medical education. Morbidity and mortality will be reviewed at intervals as well as monitoring the Department’s Quality Improvement Plan.

C. Eligible Department members present at a duly convened meeting shall be entitled to cast one vote on each matter submitted for vote. Each matter submitted to vote shall be decided by majority vote.

D. Only members of the Department may attend these meetings. The Chair may invite individuals to attend these meeting but these individuals shall not vote nor be counted in determining the existence of a quorum.

VIII. PROCTORING:
A. Provisional members shall be subject to proctoring by a member of the Active Staff until they have satisfactorily completed a minimum of twelve (12) cases. This period may be extended at the discretion of the Chair according to the experience and qualifications of the newly appointed member.

B. Active Staff members shall have the duty and responsibility of serving as proctors of Provisional members. The Chair shall make proctoring assignments and these assignments shall be equally divided among Active Staff members. Active Staff members who consistently refuse to make themselves available for proctoring assignment are subject to loss of Operating Room privileges.

C. Each proctor must submit a completed evaluation form to the Medical Staff Office after each procedure in a timely manner.
D. The Chair of the Department will formally notify the affected members of the termination, extension or change of the period or type of proctoring.
E. No member of the Department of Anesthesia will be assigned to the Call Schedule until said member has satisfactorily completed the period of proctoring.

IX. PRIVILEGES:
A. All members of the Department shall have their privileges reviewed according to the terms and regulations of the Medical Staff Bylaws.
B. The Chair will review these requests and make recommendations to the Medical Staff
C. Members disputing any change in the status of their privileges must do so through the mechanism established in the Medical Staff Bylaws.

X. REAPPOINTMENT AND PROMOTION:
A. Staff status shall be reviewed biannually and recommendations made by the Chair for reappointment or advancement.
B. Reappointment and promotion shall be based on consideration but not limited to the following, in accordance with Riverview Medical Staff Bylaws:
   2. Health status.
   3. Considerations of documented experience in categories of treatment, areas and procedures.
   4. Professional competence and clinical judgment in the treatment of patients as indicated by the results of Quality Improvement activities.
   5. Ethics and conduct.
   6. Attendance at Medical Staff, Department and Committee Meetings.
   7. Participation in Medical Staff affairs.
   8. Compliance with the Bylaws of the Hospital and of the Medical Staff.
   9. Compliance with the Rules and Regulations of the Department.
   10. Cooperation with hospital personnel.
   11. Relationships with other practitioners.
   12. General attitude towards the Medical Center, patients and the public.
C. In addition to the satisfaction of the general criteria listed above, an Active Staff member may be advanced in rank only if the following criteria are met:
   1. An Active Staff member must hold the rank of Assistant Attending for at least one (1) year in order to be eligible for promotion to the rank of Associate Attending.
   2. An Active Staff member must hold the rank of Associate Attending for at least one (1) year in order to be eligible for promotion to the rank of Attending.
D. The Chair shall make recommendations regarding promotions and changes in staff status to the Medical Executive Committee of the Medical Staff.
E. Promotions and reappointments should be processed by the Chair by the month of September for the following year.
XI. **ON-CALL POLICY:**
A. Three Anesthesiologists will be On-Call every day.
B. Two Anesthesiologists will cover the Operating Room, one will cover Obstetrics.
C. Obstetrics Anesthesiologist On-Call Monday/Wednesday/Friday to supplement above.
D. Third Anesthesiologist to be called in only for life threatening emergencies.
E. On-Call physicians available within thirty (30) minutes after being called either to the Operating Room or Obstetrics.
F. On-Call physicians' phone numbers and beeper numbers available in Anesthesia Office and copy to Hospital telephone operators.
G. If there is a change in the Call schedule, the physician on call should notify the Operating Room and the hospital telephone operator so adequate coverage may be arranged.
H. Any uncovered Call in case of emergency will be made at the discretion of the Chair of Anesthesia.

XII. **ANESTHESIA DEPARTMENT REQUIREMENTS FOR C.M.E.'S:**
Each member of the Department is required to complete a minimum of 100 Continuing Medical Education Category I and II credit hours every two (2) years or as required by the State Board of Medical Examiners for state licensure renewal. Notwithstanding anything to the contrary, these credit hours will consist of a minimum of forty (40) hours of Category I and a maximum of sixty (60) hours of Category II credit hours.

**CATEGORY I:**
Formerly constituted and approved meetings, programs, or courses taught or sponsored by a medical school, AMA, AOA, ASA or component State Anesthesia Society (national or local). This includes self education tapes and CD ROM (if so stated on the program)

**CATEGORY II:**
A. Up to twenty-four (24) hours per year for self-education through self study of literature related to anesthesia.
B. Up to ten (10) hours per year for teaching Anesthesiology and related sciences medical students, graduate physicians or allied health personnel.
C. Up to ten (10) hours per year for presentation of each paper, course or exhibit at local or national meetings recognized by the AMA or ASA.
D. Hour for hour credit for attendance at a medical meeting, grand rounds, quality assurance meeting, or courses not included in the previous category.

XIII. **ADOPTION:**
These Rules and Regulations shall be adopted at a Regular or Special meeting of the Department in accordance with the requirements of the existing Rules and Regulations. These Rules and Regulations shall become effective when endorsed by the Medical Executive Committee and approved by the Board of Trustees. They will then replace all previous Anesthesiology Rules.
XIV. REVISIONS:
These Rules and Regulations may be amended, altered or repealed or new Rules and Regulations may be adopted by affirmative vote of a majority of the Active Staff members present at any duly convened meeting of the Department announced by Agenda. They will be reviewed annually and any amendment(s) shall become effective when approved by the Board of Trustees.

XV. CONFLICTS WITH MEDICAL STAFF BYLAWS:
In any cases where the Rules and Regulations of the Department conflict with the Medical Staff Bylaws, the Medical Staff Bylaws will prevail.

Approved 10/03
Revised 2/7/06