

# **DEPARTMENT OF SURGERY**

## **RULES AND REGULATIONS**

### **ARTICLE I - Name**

The name of this clinical department shall be the "Department of Surgery" of the Medical Staff of Washington Adventist Hospital.

### **ARTICLE II - Purpose**

- II-1 To maintain standards of professional medical care for patients at Washington Adventist Hospital and to provide a means of education, representation, and organization for physician specialists in Surgery within the general medical staff.
- II-2 To provide a means whereby issues of a medical or administrative nature within the department may be discussed by the department membership.
- II-3 To initiate and maintain rules and regulations for effective government of the department.
- II-4 To assure an acceptable level of performance of all physician members through a comprehensive delineation of privileges and an on-going review and evaluation of the quality of patient care rendered by this department.

### **ARTICLE III - Membership**

- III-1 Obligations
  - a. A member of the Department of Surgery is obligated to provide continuous care and supervision of his/her patients;
  - b. to abide by the departmental rules and regulations;
  - c. to accept and faithfully discharge departmental assignments as defined by the Bylaws of the Medical Staff;
  - d. to participate in fulfilling the requirements for providing emergency care as defined by the Bylaws of the Medical Staff.
- III-2 Qualifications of Membership

Effective February 14, 1990, the practitioner requesting membership and clinical privileges in the Department of Surgery must be a Diplomate or have achieved an Active Candidate Status with the Specialty Board. If a member of the Department of Surgery is not board certified at the time initial membership and clinical privileges are granted by the Board of Directors, then to maintain membership and clinical privileges in the Department of Surgery, certification by the board must be attained by all surgeons within three (3) years after completion of the clinical practice related requirements for that Specialty Board. Failure to attain board certification within the three year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

**Orthopaedic Surgeons:** Effective April 10, 1991, the practitioner who has achieved an Active Candidate Status with the American Board of Orthopaedic Surgery at the time his/her initial membership and clinical privileges are granted by the Board of Directors must pass Part I of the Certification Examination within three (3) years of that date.

Failure to pass Part I within the three year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

The practitioner who has attained an Active Candidate Status with the American Board of Orthopaedic Surgery at the time his/her initial membership and clinical privileges are granted by the Board of Directors, must attain board certification within five (5) years of that date.

Failure to attain board certification within the five (5) year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

**Podiatrists:** Effective September 11, 1991, the practitioner who has attained an Active Candidate Status (Board Qualified) with the American Board of Podiatric Surgery at the time his/her initial membership and clinical privileges are granted by the Board of Directors, must attain board certification within five (5) years of that date.

Failure to attain board certification within the five year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the

**SURGERY**  
**Rules and Regulations**

**Page--3**

current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

**Urologists:** Effective October 9, 1991, the practitioner who has achieved an Active Candidate Status with the American Board of Urology at the time his/her initial membership and clinical privileges are granted by the Board of Directors must pass Part I of the Certification Examination within three (3) years of that date.

Failure to pass Part I within the three year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

The practitioner who has attained an Active Candidate Status with the American Board of Urology at the time his/her initial membership and clinical privileges are granted by the Board of Directors, must attain board certification within five (5) years of that date.

Failure to attain board certification within the five year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

The practitioner may reapply following evidence of board certification.

Specialties Under the Department of Surgery are:

- a. General Surgery
- b. Neurological Surgery
- c. Ophthalmology
- d. Oral and Maxillofacial Surgery
- e. Orthopaedic Surgery
- f. Otolaryngology
- g. Plastic Surgery
- h. Podiatric Surgery
- i. Thoracic and Cardiovascular Surgery
- k. Urology

III-3 Membership Appointment Procedure

The applicant must:

- a. Submit Application for Privileges
- b. Submit signed Delineation of Privileges
- c. Be interviewed by the section chairman & department chairman
- d. Be approved through standard Medical Staff procedures
- e. Meet, and continue to meet, the standards and requirements set forth in the Medical Staff Bylaws.

Peer recommendations shall be a part of the basis for the development of recommendations for membership and individual clinical privileges.

III-4 Reappointment Process

Members of the Department of Surgery must meet all requirements for biennial reappointment as set forth in Article III, Section 6, of the Medical Staff Bylaws.

Peer recommendations shall be a part of the basis for the development of recommendations for reappointment and renewal of individual clinical privileges.

**ARTICLE IV - Clinical Privileges**

IV-1 Scope of Clinical Privileges

Appointment to the Department of Surgery shall confer on the appointee only such clinical privileges as have been recommended by the Medical Executive Committee and approved by the Board of Directors.

IV-2 Granting of Privileges

- a. Physicians requesting clinical privileges in the department shall so designate those privileges on the appropriate Delineation of Privileges form.
- b. Granting of Privileges shall be based on the following criteria:
  1. Education
  2. Training
  3. Experience
  4. Demonstrated Competence
  5. References

IV-3 Reapplying for Membership and Clinical Privileges

When a physician who is a former member of the medical staff reapplies for membership and clinical privileges and requests clinical privileges in the Department of Surgery and requests clinical privileges to perform a specific procedure that requires a specified minimum number

**SURGERY**  
**Rules and Regulations**

Page--5

of procedures per year in order to maintain clinical privileges, the physician should enter at the number level he/she would have attained had he/she remained on staff.

IV-3 Granting of Additional Privileges

- a. Additional privileges may be requested by written application to the department chairman stating the privileges desired, relevant training and experience, and a resume of pertinent cases.
- b. Granting of additional privileges must follow standard Medical Staff procedure and be recommended by the Chair of the Department of Surgery and the Credentials Committee, with ratification of the Medical Executive Committee and the Board of Directors.

**ARTICLE V - Affiliate Staff**

V Podiatrist, Physicians' Assistant, and Nurse Practitioner

V-1 Podiatrist: Podiatrists rendering podiatric services at Washington Adventist Hospital must be qualified professionally and ethically for the position in which they are appointed, must be approved through standard Medical Staff procedures, and shall conform to the Rules and Regulations of the surgical service.

Podiatrists eligible for podiatric clinical services:

- a. Must have graduated from a college of podiatric medicine accredited by the Council in Podiatric Education of the American Podiatry Association and
- b. be licensed by the State of Maryland.
- c. Must have successfully completed graduate clinical training of not less than 12 months in a program in a hospital accredited by the Joint Commission on Accreditation of Hospitals, which podiatric residency program was accepted for examination by the American Board of Podiatric Surgery.
- d. In accordance with the Rules and Regulations of the Department of Surgery at Washington Adventist Hospital, it is expected that all podiatrists will become board certified within a period of five years from the date initial membership and clinical privileges are granted by the Board of Directors.

Failure to attain board certification within the five year time frame shall result in the immediate expiration of membership and clinical privileges, regardless of the duration of the current term of appointment, without any due process rights to challenge the expiration on these grounds.

**SURGERY**  
**Rules and Regulations**

**Page--6**

The practitioner may reapply following evidence of board certification. (See General Section, Rule #31, SURGERY--"Podiatry Section" (p 8-9) for further details on podiatric privileges.)

- e. The scope of podiatric services shall be delineated by and privileges shall be under the jurisdiction of the Department of Surgery.
- f. Privileges granted to the podiatrists shall be limited to the diagnosis and surgical, or medical management, or mechanical treatment of ailments of the human foot, ankle, or any ailment of the anatomical structures that attach to the human foot, with surgical privileges including foot and ankle surgery. The practice of podiatry does not include triple arthrodesis, ankle fusions, or surgical treatment of ankle trauma, or the administration of an anesthetic other than local anesthesia.
- g. Admission by a podiatrist shall be only with the concurrence of a physician member of the Medical Staff who shall be responsible for the care of any medical problems that may be present or arise during the hospitalization and who shall assume responsibility for the over-all aspect of the patient's care, including the medical history and physical examination. Each is responsible for proper completion of this portion of the patient's record.
- h. Members of the affiliated podiatry staff shall comply with the applicable Bylaws of the Medical Staff, Rules and Regulations of the Medical Staff, and such policies and procedures approved by the Executive Committee, as may apply.

V-2

Physicians' Assistant: Application for Privileges

- a. Those physicians' assistants assigned to an attending physician must:
  - 1. apply as do other members of the Medical and Dental Staff;
  - 2. fulfill state registration and submit verification of state requirements;
  - 3. submit a list of duties and functions he/she proposes to perform at the hospital; and
  - 4. be currently certified in Basic Life Support and be recertified every two years.
- b. Physician Assistants employed by the hospital shall:
  - 1. apply as do other members of the Medical and Dental Staff;
  - 2. fulfill state registration and submit verification of state requirements;
  - 3. submit a list of duties and functions he/she proposes to perform at the hospital; and

4. be currently certified in Basic Life Support and be recertified every two years.

c. Physicians' Assistants: Delineation of Privileges

1. May work only with patients of their supervising physician.
2. May perform histories and physicals, but such histories and physicals must be countersigned by their supervising physician within 48 hours.
3. May write progress notes, which require no countersigning.
4. May write orders given verbally by the supervising physician and, once the orders are written by the physicians' assistant, the supervising physician is responsible for these orders.
5. The orders written by a physicians' assistant must be countersigned within 48 hours by the supervising physician.
6. The physicians' assistant may dictate discharge summaries on patients of the supervising physician. Discharge summaries require countersignatures of the supervising physician.
7. The physicians' assistant may start IV's, make dressing changes and traction adjustments, do cutdowns and suturing, after prior approval by the supervising physician.
8. Assist with surgeries.
9. The Medical Record Committee is responsible for auditing all charts for proper countersigning by Medical Staff physicians for physicians' assistants as herein stated.

d. Supervision

Within this Rule 31(A), the term "supervising physician" shall mean the patient's attending physician or other physician acting in an equivalent capacity under the circumstances. The chairman of the Department of Surgery shall be responsible for supervising only the licensing and other administrative aspects of the services to be provided by the physicians' assistants.

V-3

Nurse Practitioner: Application for Privileges

a. Nurse Practitioners:

1. must apply as do other members of the Medical and Dental Staff;
2. must be licensed as a registered nurse by the State of Maryland;

3. must be licensed as a Nurse Practitioner by the State of Maryland;
  4. must be certified and maintain recertification by the American Nurses Credentialing Center;
  5. must be directly responsible to a sponsoring physician or physicians. The sponsoring physician or physicians must sign a statement assuming responsibility for duties performed at Washington Adventist Hospital under their direction;
  6. must have the Nurse Practitioner/Physician Written Agreement approved by the Maryland Board of Nursing;
  7. must be covered by appropriate and adequate liability insurance in accordance with Hospital and Medical Staff requirements;
  8. must be certified in Basic Cardiac Life Support (BCLS) and recertified every two years; and
  9. must agree to abide by the Bylaws of the Hospital and the Medical Staff and be governed by the Rules & Regulations of the Department of Surgery and its policies and procedures.
- b. Nurse Practitioners: Delineation of Privileges
1. Privileges to be delineated by the Department of Surgery and in accordance with the Code of Maryland Regulations and approved by the Medical Executive Committee consistent with State law.
  2. Must work only with patients of his/her sponsoring physician or physicians.
  3. All orders written by a nurse practitioner must be countersigned within 30 days by the sponsoring physician.

#### **ARTICLE VI - Officers & Duties**

VI-1 The Department of Surgery Officers are:

- a. The Chairman
- b. The Assistant Chairman
- c. The Secretary

VI-2 Qualifications of Officers

- a. The chairman shall be a member of the Active Staff in good and regular standing, well qualified by training and experience, certified by his/her respective specialty



board, with demonstrated ability for the position, and shall be elected annually by the Active staff members of the department. The department chairman must be approved by the Medical Executive Committee and the Board of Directors.

- b. The assistant chairman must be a member of the Active staff in good and regular standing. He shall be elected annually by the Active staff members of the department through nominations from the floor and voted upon by either open or closed ballot.
- c. The secretary shall be a member of the Active staff in good and regular standing. He shall be elected annually by the Active staff members of the department through nominations from the floor and voted upon by either open or closed ballot.

VI-3 Election of Officers

There shall be a department nominating committee, formed as follows:

- a. The two most immediate past chairmen of the department of whom the senior will be the chairman of the committee; or, if none are available the president of the Medical Staff may appoint a suitable substitute.
- b. Three Active attending physicians shall be elected at the July departmental meeting.

The departmental nominating committee shall meet and nominate one man whose name will be circulated to the Active members of the department at least four weeks prior to the September meeting of the department, at which time the election will be held.

Twenty percent of the Active members of the department may place another name in nomination by petition presented to the Medical Staff Office no less than two weeks prior to the date of the election. Thereafter the nominations shall be closed. The name of the member off the department so nominated shall be posted and circulated to the Active members of the department no less than ten days prior to the election.

The term of service of the chairman of the department shall be limited to three consecutive years.

VI-4 Duties of Officers

VI-4.1 The duties of the chairman are as follows:

(See Medical & Dental Staff Bylaws, Article VII, Section 5, Responsibilities of Departmental Chairmen.)

IV-4.2 The duties of the assistant chairman are as follows:

The assistant chairman shall serve as an alternate to the chairman of the department either when requested by the chairman or during the absence of the chairman. He shall assume the duties of the chairman and have his authority.

VI-4.3 The duties of the secretary are as follows:

**SURGERY**  
**Rules and Regulations**

**Page--10**

The secretary shall keep accurate and complete minutes of all departmental meetings and be responsible for initiating and recording official correspondence to the Department of Surgery. In addition, he shall perform such secretarial duties as may be delegated to him by the chairman.

VI-5 Removal of Departmental Officers

The removal of departmental officers during their term of office may be initiated by a two-thirds majority vote of all Active Staff members of the department, but no such removal shall be effective until it has been ratified by the Medical Executive Committee and the Board of Directors.

**ARTICLE VII - Departmental Sections**

VII-1 Sections of the Department of Surgery are:

- a. General Surgery
- b. Neurological Surgery
- c. Ophthalmology
- d. Oral and Maxillofacial Surgery
- e. Orthopaedic Surgery
- f. Otolaryngology
- g. Plastic Surgery
- h. Podiatric Surgery
- i. Thoracic and Cardiovascular Surgery
- j. Urology

VII-2 The Thoracic and Cardiovascular Surgery Section

Membership: The Thoracic and Cardiovascular Surgery Section shall consist of board-certified surgeons and surgeons designated as Active Candidate who are members of the Active, Associate, Provisional or Courtesy Medical Staff of the Hospital and who have had adequate training and experience in surgical procedures involving cardiopulmonary bypass. Only Active, Associate and Provisional members shall have voting privileges.

Elected Officers: The elected officers shall consist of (a) a Chairman and (b) a Secretary.

- (a) Chairman: Election of the Chairman of the Section shall be held annually. He may not be reelected for more than three (3) years. The Chairman or his designee will preside at all meetings and coordinate the functions of the Section with the Department of Surgery and the various departments, committees of the Medical Staff and the Hospital.
- (b) Secretary: Election of the Secretary shall be held annually. He may not be reelected for more than three (3) consecutive years. He must be an Active, Associate or Provisional member of the staff.

Application for Privileges: Applications of new members (in accordance with the Medical Staff Bylaws and the Rules and Regulations of the Department of Surgery) will be reviewed

**SURGERY**  
**Rules and Regulations**

by the Section Chair and Departmental Chair. Privileges will be subject to standard Medical Staff procedure. In accordance with the Rules and Regulations of the Department of Surgery, it is expected that every cardiac surgeon will become board certified within a period of three (3) years.

Revocation or Suspension of Privileges: The Section may recommend that cardiac surgery privileges be revoked or suspended in accordance with the Medical Staff Bylaws. The basis for such recommendation may include the following:

- (a) mortality and morbidity in excess of accepted norms and standards; or,
- (b) failure to provide adequate post-operative coverage or inadequate availability by the team to provide such care. This failure to be determined in accordance with the "Disciplinary Matters" section, Article VIII, Section VIII-1 of the Rules and Regulations.

Number Requirement For Open Heart Surgery For Reappointment: The following year/number requirement for open heart procedures for reappointment were approved by the Thoracic Cardiovascular Surgery Section on April 27, 1989.

- (a) For CVT surgeons who came on staff after 1988, the following requirements are in force:

<u>Year</u>	<u>Number of Cases Required to Maintain privileges</u>
1st Year	10
2nd Year	15
3rd Year	25
4th Year	40

- (b) For CVT surgeons who were on staff prior to 1988, the following requirements are in force:

<u>Year</u>	<u>Number of Cases Required to Maintain privileges</u>
1988	10
1989	15
1990	25
1991 & Thereafter	40

Effective, January 1, 1992 at least 50% of the cardiac procedures required to maintain clinical privileges for open heart surgery must be performed as the primary surgeon.

**SURGERY**  
**Rules and Regulations**

The section of Orthopaedic Surgery shall consist of board eligible and certified orthopaedic surgeons who are members of the Active and Associate medical staff.

Election of a chairman of this section shall be held annually, at the end of the calendar year. Terms of office to be one year.

This section shall be responsible for maintaining the Orthopaedic On-Call List (for consultations in the hospital and for the Emergency Room, for physicians who have no preferences as to consulting orthopaedists or for patients who have no private physicians when presenting in the Emergency Room).

The Orthopaedic Section shall be responsible for orthopaedic care given to the patients in the Emergency Room. It shall make recommendations to the Department of Surgery for purchases necessary for the practice of Orthopaedic surgery within the Emergency Room, the Operating Room, and the hospital as a whole. The section of Orthopaedic surgery shall advise the chairman of the Department of Surgery as to its needs in the Operating Room area, in regard to time allotments, specialized personnel needs and/or specialized equipment.

The Section of Orthopaedic Surgery shall advise the hospital in regard to specialized equipment needed for the care of orthopaedic treatments within the confines of the hospital and such treatment as deemed necessary for the post-hospital care of the patient. It shall also serve in an advisory capacity to the committees interested in the hospital and post-hospital stay of patients with orthopaedic problems.

The Orthopaedic Section shall advise the chairman of the Department of Surgery in the selection of qualified individuals for admission to the Orthopaedic staff of Washington Adventist Hospital.

VII-4

The Section of Ophthalmology

1. Officers
  - a. Chairman to be elected yearly by majority vote of the Active and Associate staff members of the section
  - b. Election to coincide with election of the Surgery Department Officers
2. Meetings
  - a. Section to meet as deemed appropriate.
3. Credentialing
  - a. Chairman of section to act as consultant to chairman of Department of Surgery in appointments and in specific delineation of surgical privileges
4. Emergency Room Call Roster

- a. Required for members of all staff categories
- b. To be reviewed yearly
- c. Requirements for service on call roster
  - I. Must accept all referred patients, at all hours, and of all financial categories
  - II. Must have main office in the reasonable vicinity of Washington Adventist Hospital

### **ARTICLE VIII - Departmental Committees**

The chairman of the department shall appoint such committees as may be necessary to carry out the organization and functions of the department.

#### **VIII-1 Departmental Supervisory Committee**

All disciplinary matters shall be brought before the departmental supervisory committee for consideration, action, and report to the membership.

The chairman, assistant chairman, and secretary of the department shall serve as a supervisory committee. The immediate past chairman of the department shall be an ex-officio member of the supervisory committee.

The duties of the supervisory committee shall be to advise in the adoption and supervision of the general technique of the department, make suggestions to the Medical Executive Committee, consider disciplinary issues, receive suggestions from the staff and investigate complaints made by the staff members or the Board of Directors.

#### **VIII-2 Patient Care/Tissue Review Committee**

A committee comprised of five Active/Associate physician members of the department shall be elected yearly to review patient care. This committee shall meet monthly and present its findings, conclusions, and recommendations to a full meeting of the department the following month.

#### **VIII-3 Departmental Nominating Committee**

(See Article V-3, Election of Officers, of these Rules & Regulations)

**ARTICLE IX - Consultations**

IX-1 Consultations

(See Medical Staff Bylaws, General Section, Item #19, for Consultation requirements.)

**ARTICLE X - Departmental Meetings**

X-1 Frequency of Meetings

The department shall meet at least quarterly. Special meetings may be called by the department chairman or by four voting members submitting written requests to the department chairman.

X-2 Order of Business

- a. Call to Order
- b. Reading/approval of minutes of previous departmental meeting
- c. Communications
- d. Report of Committees
- e. Unfinished Business
- f. New Business
- g. Adjournment

X-3 Presiding Officer

The chairman of the department shall preside at departmental meetings. The assistant chairman shall preside at any departmental meeting in the absence of the chairman or his designee.

X-4 Purpose of Meeting

- a. To review and evaluate ongoing quality of patient care. A record shall be maintained that shall include resultant recommendations, conclusions, and actions instituted.
- b. To discuss administrative and ethical matters that relate to the welfare or operation of the department.
- c. To provide a means of education, representation, and organization for the specialists of Surgery within the Medical Staff structure.

X-5 Quorum

**SURGERY**  
**Rules and Regulations**

**Page--15**

- a. A quorum is defined as those present and voting. Active, Associate and Provisional members of the staff shall be defined as eligible voting members at a departmental meeting.
- b. The action of a majority of the voting members present at a meeting at which a quorum is present shall constitute proper authorization powers of the department.

X-6 Attendance at Meetings

- a. Attendance requirements for Active, Associate and Provisional staff members is 50% of all regular departmental meetings.
- b. A request for an excused absence will be considered if submitted in writing to the Medical Staff Office, approved by the department chairman and the Credentials Committee.
- c. A member of the department who has attended a case that is to be presented for discussion at any meeting of the department shall be notified and shall be required to be present. Failure to attend, on receipt of such notice, shall involve forfeiture of Medical Staff membership.

**ARTICLE XI - Emergency Department On-Call Coverage**

XI-1 On-Call Roster Coverage for the Emergency Department

- a. The chairman of the section is responsible for the Emergency Department On-Call roster.
- b. The Emergency Department On-Call roster shall be prepared monthly.
- c. The Emergency Department On-Call roster rotation shall be as follows:
  - 1. General Surgery – Daily
  - 2. Ophthalmology - Bi-weekly
  - 3. Oral and Maxillofacial - Monthly
  - 4. Orthopaedic Surgery - Weekly
  - 5. Otolaryngology - Monthly
  - 6. Plastic Surgery - Weekly
  - 7. Thoracic and Cardiovascular Surgery - Monthly
  - 8. Urology - Monthly
- d. All physician members of the Department of Surgery shall be eligible for inclusion on the Emergency Department On-Call roster except as stated otherwise.
- e. The Emergency Department On-Call roster shall be the exclusive source of referrals for Emergency Department patients needing coverage.
- f. On-call physician members of the Department of Surgery are obligated to provide at least one office visit to a patient referred by the Emergency Department.

- g. A physician who fails to fulfill his obligations when on-call may be removed from the Emergency Room On-Call roster by the chairman of the Department and will not be reinstated until the chairman is satisfied that this will not recur.

**ARTICLE XII - Appeal**

Appeal of a decision made by the Department Chairman must be submitted in writing by the complainant through an orderly chain of command consisting of: The Chairman of the Department, the Supervisory Committee, and then the Medical Executive Committee. The appeal process is outlined in ARTICLE V of the Medical Staff Bylaws.

**ARTICLE XIII - Rules of Order**

Any parliamentary questions not specifically resolved by the provisions set forth in these rules and regulations shall be subject to Sturgis' Standard Code of Parliamentary Procedure, second edition.

**ARTICLE XIV - Amendments**

The rules and regulations of the Department of Surgery may be amended or repealed at any regular meeting in which a quorum is present or at any special meeting on notice, by two-thirds of the vote of those voting members of the department present.

The rules and regulations of the Department of Surgery of Washington Adventist Hospital shall not conflict with the Bylaws of the Medical Staff of Washington Adventist Hospital in fact, purpose or intent.

Enacted	1978
Revised	9/83, 5/87, 6/90, 9/91, 2/92, 12/92, 2/93, 11/93, 2/94, 6/94, 2/96, 9/99
Reviewed	6/00, 6/02