

DEPARTMENT OF OBSTETRICS/GYNECOLOGY

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DEPARTMENT OF OBSTETRICS/GYNECOLOGY RULES AND REGULATIONS

I. AUTHORITY

The Department of Obstetrics/Gynecology is organized as specified in Article 8 of the Bylaws of the Medical Staff of John C. Lincoln Hospital - North Mountain.

II. ORGANIZATION OF THE DEPARTMENT

A. Membership

Membership in the Department shall consist of members of the Medical Staff whose assignment to the Department by the Credentials Committee has been approved by the Department of Obstetrics/Gynecology, the Executive Committee and Board of Directors. Members of this Department may be granted privileges in other departments, subject to the rules and regulations of those departments. Members of other departments may be granted privileges in this Department, subject to evaluation of their training and experience and the Rules and Regulations of this Department.

B. Officers

The Department of Obstetrics/Gynecology shall be directed by a Chairman, who shall be elected as specified in Article 8.4-2 of the Medical Staff Bylaws. A Vice-Chairman shall be elected as specified in Article 8.4-2 of the Medical Staff Bylaws. Elected officers of the Department shall serve a two-year term and shall be eligible to succeed themselves.

C. Perinatal Committee

The Perinatal Committee is a subcommittee of the Departments of Obstetrics/Gynecology and Pediatrics. Membership shall consist of at least two pediatricians, two obstetricians, a consulting neonatologist, an anesthesiologist, the maternity coordinator, a neonatal nurse practitioner, a representative from administration, and a representative from Social Services. The purpose of this Committee is to provide a system for the interchange of problems faced by both obstetricians/gynecologists and pediatricians, to improve the care of mothers and infants through recognition of trends, and recommendation of quality assurance studies and to recommend changes in care in the Departments of Obstetrics/Gynecology and Pediatrics through policy and/or procedure changes.

D. Subcommittees and Ad Hoc Committees

Subcommittees or ad hoc committees may be appointed by the Chairman as deemed necessary to carry out specific functions, subject to approval of the Department. The Chairman of the Department or any subcommittees or ad hoc committees shall be responsible for maintaining a permanent record of meetings, actions, recommendations and attendance which, of the latter two, shall be submitted to the Department, to the Executive Committee and maintained in the Medical Staff Services Department.

E. Meetings and Attendance

The Department of Obstetrics/Gynecology shall hold regular meetings, of which the time and place shall be determined by the Chairman of the Department of Obstetrics/Gynecology. A quorum shall be present to make recommendations and/or take actions. A quorum is defined as those voting members present. Attendance at all Department and Committee meetings shall be recorded and maintained in the Medical Staff Services Department.

III. DUTIES OF THE CHAIRMAN AND VICE-CHAIRMAN

The duties of the Department Chairman and Vice-Chairman are defined in the Medical Staff Bylaws, Article 8.4-5.

The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. The Vice-Chairman or designee is also responsible for the educational programs for the Department of Obstetrics/Gynecology. In addition, the Vice-Chairman is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the Department are as defined in the Medical Staff Bylaws, Article 8.3.

1. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the department;
2. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
3. Adopt its own Rules and Regulations to clarify or expand the Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with these Bylaws and shall be subject to approval by the Executive Committee and the Board;
4. Monitor and evaluate the results of the review for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matters of concern to its members;
5. Be responsible for the conducting of continuing education, within the department;
6. Coordinate the professional services of its members with those of other departments and with the Hospital nursing and support services;
7. Report and make recommendations regarding clinical, quality review and administrative activities to the Executive Committee;
8. Establish a department committee and any subcommittees as are necessary to perform functions required of it. The composition and method of selection of the department committees and subcommittee members shall be defined within the Department Rules and Regulations;
9. Review and act on all reports from the Perinatal Committee, and the Emergency Medicine Committee;
10. Formulate Policy and Procedures for the day-to-day operation of the Department; and
11. Establish indicators to monitor and evaluate patient care at its meetings, to identify problems and subsequent resolution.

V. DELINEATION OF PRIVILEGES

In order to maintain appropriate standards in the practice of obstetrics/gynecology, and in order to maintain quality care for patients, the Department of Obstetrics/Gynecology shall establish, maintain, and routinely review criteria for granting privileges to members of the Department of Obstetrics/Gynecology.

A. Criteria for Granting Privileges

1. All new applicants being considered for membership in the Department of Obstetrics/Gynecology shall be reviewed for the performance of his/her clinical abilities. All new applicants shall be considered only if they are Board Certified or an active candidate of the American Board of Obstetrics/Gynecology, the American Osteopathic Board of Obstetrics/Gynecology, the Royal College of Physicians and Surgeons of Canada or the Royal College of Obstetricians/Gynecologists of England.
2. After receiving an application from the Credentials Committee, the Department of Obstetrics/Gynecology shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Department shall then recommend to the Executive Committee, the granting, withholding, or limiting of privileges to the applicant based on his/her training and/or experience.
3. Staff members within the Department of Obstetrics/Gynecology requesting an increase in, or wider scope of obstetrical/gynecological privileges, must do so in writing to the Department stating and including documentation of additional training or experience which shall justify such privileges as required by an established criteria.
4. There shall be a biennial evaluation of all staff members who maintain obstetrical/gynecological privileges as outlined in the Credentialing Manual of the Medical Staff Bylaws of the Department of Obstetrics/Gynecology pertaining to the evaluation of one's privileges shall be forwarded to the Executive Committee in accordance with the Medical Staff Bylaws.
5. Whenever obstetrical/gynecological privileges are recommended to be reduced or withdrawn, the physician may at his option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan of the Medical Staff Bylaws.

B. Guidelines for Attending Cesarean Sections & High Risk Deliveries

1. The following guidelines define necessary credentials for pediatric practitioners attending Cesarean Sections and high risk deliveries:
 - a. Successful completion of the American Academy of Pediatrics/American Heart Association course in neonatal resuscitation.
 - b. Documentation at the time of credentialing and/or application for privileges of acquisition of personal skills in this area in the course of training.

2. If a Pediatrician elects not to maintain current neonatal resuscitation skills, he/she is responsible for assuring appropriate coverage for his/her Cesarean Section and high risk deliveries.

C. Guidelines for Allied Health Personnel

1. Definition of Allied Health Personnel: Other licensed individuals who are not members of the Medical Staff, but who are permitted by law and by the hospital to provide patient care services independently, but are not physicians or dentists and who are not functioning as an employee of John C. Lincoln Hospital – North Mountain.
2. The use of non-physician practitioners by members of the surgical staff, in good standing, in the care of hospital patients will be upon the recommendation of the Obstetrics/Gynecology Department, approval of the Executive Committee and the Board of Directors. The qualifications, training, and position summary must be outlined by the Obstetrics/Gynecology Department in advance for each such individual. Without limiting the foregoing, the term “Allied Health Personnel” includes, but is not limited to: Cardiac Perfusionists, Private Scrubs, Non-Physician Assistants, Nurse Practitioners, and Physician Assistants.

VI. CONSULTATIONS

- A. Consultation may be appropriate in cases in which the patient is not a good medical and surgical risk; cases in which the diagnosis is obscure; cases in which there is doubt as to the best therapeutic measures to be utilized; upon request, or whenever it appears the quality of medical service may be enhanced. In every consultation, the benefit to the patient is of first importance.
- B. The attending physician has the primary responsibility for the selection of other consultant's participation in the patient's care.
- A. The pediatrician shall be notified in the following situations:
 1. All high risk deliveries, including but not limited to:
 - a. Gestation less than 36 weeks
 - b. Insulin dependent diabetes
 - c. Particulate meconium stained fluid
 - d. Fetal distress
 - e. Intrapartum hemorrhage
 - f. Multiple gestation
 - g. Cesarean sections
 - h. Known maternal infections
 - i. PIH treated by MgSO₄
 - j. Recent drug abuse
 - k. Rh sensitization
 - l. Prolapsed cord
 - m. Congenital anomalies affecting health or welfare of infant

2. Immediate neonatal problems following delivery, including but not limited to:
 - a. Weight 2,500 grams or less
 - b. Respiratory distress
 - c. Neonatal blood loss or shock
 - d. Neonatal cardiac disorders and persistent cyanosis
 - e. Seizures
- B. Family practitioners are required to have pediatric consultation for all situations described in numbers 1 and 2 above.
- C. The Family Practitioner is required to have obstetrical consultation whenever the care is outside or beyond that required for an uncomplicated vaginal delivery.

VII. CLINICAL REVIEW

Upon the Executive Committee's approval of the applicant's requested privileges, the applicant is granted "provisional" privileges to demonstrate his/her current clinical and case management expertise. This requirement is mandated to:

1. Further the quality of patient care required of staff members prior to the advancement from Provisional status.
2. Provide additional information regarding the applicant's clinical ability before permanent privileges are considered or granted.

A. **OBSERVATION REQUIREMENTS**

1. Observation requirements for all members of the Department appointed to staff have been eliminated.
2. Concurrent/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Obstetrics/Gynecology reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

VIII. SPECIFIC POLICIES AND PROCEDURES

A. **Medical Screening Examinations**

Any individual presenting to the Birthing Center with a request for examination or treatment will have a medical screening examination by a physician or an obstetrical RN, who has demonstrated competency in Medical Screening. The screening will include use of all necessary ancillary services routinely available to the Birthing Center to determine whether or not an emergency medical condition exists.

The OB/GYN Department is responsible for assessing the competency of Labor and Delivery Registered Nurses in the performance of Medical Screening examinations. Each RN obtaining this credential will have demonstrated competency to assess the physiological status of the obstetrical patient and appropriately communicate the findings of this assessment to the responsible obstetrician before a decision is made regarding the continuum of care and/or disposition of the patient. This decision may include admission, discharge and/or transfer to a higher level of care. Competency will be documented in the RN's departmental file and will be demonstrated in the following areas:

- Assessment of maternal general health and symptoms;
- Presence of related conditions, e.g., Diabetes, Hypertension, or Pregnancy Induced Hypertension;
- Condition of cervix and nature/frequency of contractions;
- Status of membranes;
- Fetal presentation;
- Monitoring of fetal heart tones; and
- Current medications.

B. Admitting Privileges

All members of the Department of Obstetrics/Gynecology shall be granted admitting privileges.

C. Emergency Medicine Call Requirements

Participation in the Emergency Room Call for members of the Department of Obstetrics/Gynecology will be voluntary for all members granted Obstetrical/Gynecology privileges. A physician age 60 and older may be exempt from the rotation.

D. Communication

Specific departmental policies/procedures/protocols relating to Labor and Delivery and the Nursery are maintained in the office of the Maternity Department Director. Approved revisions to policies will be published in the Hospital's newsletter to the Medical Staff, Stethoscope. Copies of the policies are also available in the Medical Staff Services Department.

E. Miscellaneous Provisions

Recognizing that all possible situations cannot be foreseen, the Chairman of the Department of Obstetrics/Gynecology or designee is authorized to take any action in an emergency which is indicated by the circumstances.

IX. AMENDMENTS

These Rules and Regulations must be reviewed biennially by the Department of Obstetrics/Gynecology and must be approved by the Executive Committee of the Medical Staff and the Board of Directors of John C. Lincoln Hospital North Mountain. Amendments to these Rules and Regulations will require the approval of the Executive Committee of the Medical Staff and the Board of Directors of John C. Lincoln Hospital - North Mountain.

APPROVALS:

Chairman, Department of Obstetrics/Gynecology

Date

Chairman, Executive Committee

Date

Board of Directors

Date