

**PROVIDENCE SAINT JOSEPH MEDICAL CENTER
DEPARTMENT OF OB/GYN
RULES & REGULATIONS**

I. MEMBERSHIP

The OB/GYN Department shall be limited to members of the Professional Staff of Providence Saint Joseph Medical Center who provide evidence of completion of an approved residency training program in the field of Obstetrics and Gynecology. New applicants seeking membership in the Department shall provide evidence of certification by the American Board of Obstetrics and Gynecology or Active Candidacy. Effective September 1, 2003, Active Candidates will have 3 (three) years from their initial appointment date to obtain certification by the American Board of Obstetrics and Gynecology. Physicians who fail to achieve "Board Certification" status with the American Board of Obstetrics and Gynecology within three (3) years of their initial appointment date will be considered to have voluntarily resigned from the Professional Staff. Applicants and departmental members shall meet the qualifications, standards, and requirements of the Department for appointment and reappointment to the Professional Staff of the Medical Center as set forth in the Professional Staff Bylaws and General Rules & Regulations.

II. ORGANIZATION

The OB/GYN Department shall have all of its activities supervised by the OB/GYN Committee. The OB/GYN Department shall meet at least annually and as often as necessary to enhance communication with department members, discuss outcomes of patient care function, and for educational purposes.

The OB/GYN Committee shall consist of at least ten (10) members of the OB/GYN Department, and a representative from the Anesthesia Section. The members shall be selected at the discretion of the chair. The OB/GYN Committee activities shall include departmental and administrative concerns, the conducting of educational programs for the Department and Allied Health Professionals, and the organization of departmental meetings. The OB/GYN Committee shall meet at least annually and as often as necessary to conduct the business of the department.

The OB/GYN Patient Care Review Committee shall be responsible to the OB/GYN Committee and ultimately to the Executive Committee. The OB/GYN Patient Care Review Committee Chair shall be appointed by the Chair of the OB/GYN Department. The Committee Chair may appoint a Vice Chair to act in his/her absence. The membership shall consist of at least six members of the Department of OB/GYN and a representative from Pathology. The Chair may appoint representatives from Administration and Nursing or other ex-officio members as necessary to conduct business. The Committee shall meet as often as necessary. The duties of the OB/GYN Patient Care Review Committee shall be:

1. Concurrently review cases for quality assurance and peer review.
2. Develop rules and regulations required to review all OB/GYN cases.
3. Develop screening criteria to be utilized in the performance of review.
4. Review and evaluate quarterly data on adverse outcomes and complications.

Findings and recommendations of the committee shall be reported to the OB/GYN Committee. As deemed appropriate, the reports shall be utilized by the Quality Assurance Committee in the performance of its duties. Administrative decisions affecting members and findings of patient care review activities shall include criteria, findings, problems identified and resolutions shall be reported to the OB/GYN Committee.

III. PRIVILEGES

Privileges shall be granted in accordance with Article IV of the Bylaws of the Professional Staff. Privileges shall be based on the physician's experience, training, and demonstrated current clinical competence. Members of the Medical Staff who are members of another clinical department may be granted specific privileges (as delineated on the OB/GYN Department Delineation of Privileges form) according to documented evidence of training or experience, but in no case shall they be granted full privileges unless they become members of the OB/GYN Department. A privilege sheet shall be kept for each member of the Professional Staff holding clinical privileges in the Professional Staff Office. The privilege sheet shall be reviewed at the time of reappointment or if the physician requests a privilege change.

If the physician applying for continued privileges at the time of reappointment was granted these privileges at the time of appointment to Staff, and/or a previous reappointment, and has demonstrated good medical judgement in patient care, the privileges may be recommended for renewal. Should questions arise as to the individual's competency, the individual shall show evidence of competency through either 1) evidence of having performed the procedure elsewhere, 2) continuing medical education, or 3) submitting to proctoring.

IV. OTHER

Members of the OB/GYN Department wishing to use pharmacological induction/augmentation medications while not in the Hospital may do so by requesting access to the pharmacological induction/augmentation medications Protocols through the OB/GYN Committee. Non-adherence to the guidelines set out within the protocol may result in access being suspended or revoked, as seen fit by the Chairperson of the Department.

V. PROCTORING

Definition

1. Prospective Proctoring
Prospective proctoring is a review by the proctor of either the patient's chart or the patient personally before treatment. This type of proctoring may be used if the indications for a particular procedure are difficult to determine or if the procedure is particularly risky;
2. Concurrent Proctoring
Concurrent proctoring is when the proctor actually observes the physician's work. This is usually used for invasive procedures so that the medical staff has first-hand knowledge necessary to satisfy itself that the physician is competent;
3. Retrospective Proctoring
Retrospective proctoring involves a retrospective review of patient charts by the proctoring physician. Retrospective review is usually adequate for proctoring of non-invasive procedures.

Physicians appointed to the Department shall be proctored on all cases. A schedule of proctors is distributed to each new member by the Professional Staff Office. The proctoree is responsible to contact the proctor and to confirm scheduling with the proctor prior to scheduling an operation/procedure.

A proctor may assist in a case, but may not be remunerated for proctoring services. (This is in accordance with CMA Guidelines for Medical Staff Proctoring, as prepared by the CMA Medical Staff Survey Committee, approved by the CMA Council, June 1988.)

The proctors shall not be obligated to proctor more than two elective procedures in a one-week period. It will be the responsibility of the proctoree to obtain another proctor for additional cases. Should the physician have more than two cases to be proctored in a one-week period, he/she may, as noted in paragraph 1, be proctored by an assistant surgeon who may charge for medical services rendered but not for proctoring.

If the assigned proctor(s) does not have privileges to perform said procedure, the proctoree may request any member with appropriate privileges to proctor him/her.

The proctoree should be evaluated not only by chart review and direct observation, but also in punctuality and discipline in the Operating Room. The proctor may leave the case if the proctoree is 15 minutes late for his/her case if the cause of delay is the proctoree.

Any new Department member can be granted privileges for cases that have been proctored to the satisfaction of the Committee, even though other privileges might still be pending.

The specific proctoring requirements are as follows:

Category 1 - Concurrent proctoring of cases with a minimum of three (3) different proctors.

Obstetrics: A minimum of five (5) normal deliveries and five (5) C-sections (*Normal deliveries may be performed without a proctor if no proctor is immediately available. These cases must be retrospectively proctored within 48-hours.*)

Gynecology: At a minimum; Combination of five (5) major, one of which must be a hysterectomy, and three minor surgical cases. (*If first five proctored cases are major surgical procedures, minor case proctoring will not be required.*)

*** The requirement of one Hysterectomy will not apply to the OB Laborist Group physicians.**

Category 2 - Concurrent proctoring

Hysteroscopy - A minimum of five (5) cases, three of which must be operative with at least two (2) different proctors

Culdoscopy - A minimum of two (2) cases with two (2) different proctors

Amniocentesis - A minimum of two (2) cases with two (2) different proctors

Category 3 (Gynecologic Oncology) & Category 4 (Perinatology)

Retrospective proctoring of a minimum of five (5) cases

VI. Bumping

Non-Scheduled Emergency C-Sections Requiring "Bumping" A Pre-Scheduled C-Section

- Physicians caring for the patient requiring an emergent C-Section shall contact the physician with the scheduled C-Section to make the request to "Bump" their case.
- Disputes regarding the need to "Bump" shall be immediately brought forth to the OB/GYN Department Chairman for resolution.
- The "Bumped" C-Section will be scheduled in the next available time the C-Section operating room is available.
- The decision to surgical incision to perform an emergent C-Section will be no longer than 30 minutes.
- All emergent C-Sections requiring "Bumping" will go to the OB/GYN Patient Care Review Committee.

Scheduled C-Sections

- Physicians that are 20 minutes late or longer will have their scheduled C-Section "Bumped" and will then be moved into the next available C-Section slot

Criteria for Emergent C-Sections

- Criteria for emergent C-Sections shall be evaluated on a case by case basis and determined on maternal and fetal wellbeing. Criteria may include but not limited to the following:
 - Non-reassuring Category III FHR Tracing/absence of variability
 - Placenta abruption/previa
 - Uterine rupture
 - Cord prolapse
 - Severe pre-eclampsia or eclampsia

VII. REAPPOINTMENT

Each member of the Department shall be reviewed as set forth in the Bylaws of the Professional Staff. The member shall provide evidence of current certification by the American Board of Obstetrics and Gynecology, Active Candidate, and provide documented experience in Obstetrics and Gynecology for the previous twenty-four (24) months. The member shall be evaluated on professional performance and judgement as determined by peer review and evaluation by appropriate committees. Attendance requirements as stated in the Professional Staff Bylaws are required for maintenance or advancement in Staff category. Participation in departmental functions and admissions to the Medical Center shall also be considered in the reappointment process for advancement in Staff category.

Continuing medical education in the field of obstetrics and gynecology for the previous twenty-four (24) months is expected of each member of the Department. Each member shall likewise meet the requirements as set forth in the Professional Staff Bylaws and in the Rules & Regulations of the Professional Staff.

VIII. CONSULTATIONS

All consultation reports shall be dictated within 24 hours of the consult.

The Chairman of the Department may require consultation, at his discretion, whenever the best interest of the patient is served.

IX. OB/GYN BACK-UP CALL PANEL FOR UNASSIGNED PATIENTS

The Back-Up Panel schedule applies to all OB and/or GYN physicians with the exception of the OBHG Laborist and consult only physicians.

Effective December 2, 2009, as a condition of membership, all current members and future applicants, with the exception of those physicians 65 years of age or older, with OB/GYN privileges shall be required to serve on the OB/GYN Back-Up Call Panel. The following details panel operations:

- Panel hours are 7:00am - 7:00am.
- Panel physician shall be called at the request of the OB Laborist, if the Laborist is unable to accept or evaluate the patient in a timely manner.
- Current physician "contact" information shall be maintained by both the Professional Staff Office and ED
- Response time to a call from the ED or OB Laborist shall be thirty (30) minutes. Failure of timely response may result in disciplinary action.
- It is the responsibility of each assigned panel member to personally notify the ED and Professional Staff Administration at least seven (7) days prior to his/her assigned day, by both telephone and in writing when he/she is not available. The assigned panel member is also responsible for ensuring his/her assigned day is staffed. This is also applicable should an assigned day be traded with another panel member.
- The panel physician shall be required to be first assist for any cases the OB Laborist performs and deems necessary.
- Any physician who fails to comply on a persistent basis shall be subject to disciplinary action.

X. OPERATIVE VAGINAL DELIVERIES (FORCEPS/VACUUM)

The following medical record documentation is required for all operative vaginal deliveries (forceps/vacuum):

- Indications for use
- Documentation that the patient was informed of the potential benefits and risks of the procedure
- Type of Forceps/Vacuum used
- Station at application
- Number of pulls

All operative vaginal deliveries must be dictated.

XI. ASSISTANT REQUIREMENTS

An M.D., RNFA or a Surgical Tech may serve as an assistant during all non-emergent cesarean sections and hysterorrhaphy of ruptured uterus.

These Rules & Regulations of the OB/GYN Department were approved by the OB/GYN Committee and adopted by the Professional Staff of Providence Saint Joseph Medical Center, Burbank, California, as presented at the Executive Committee meeting of November 28, 2018.

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Chief of Staff

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