

RULES AND REGULATIONS

DEPARTMENT OF

OBSTETRICS/GYNECOLOGY

2015 EDITION

Department of Obstetrics/Gynecology Chair
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	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of OB/GYN	12/13/93	06/12/96	05/14/97	12/10/97	01/10/01	05/14/03	01/14/04
Credentials	12/15/93	07/27/96	07/22/97	01/27/98	01/23/01	06/24/03	05/18/04
MEC	01/04/94	08/06/96	08/05/97	02/18/98	02/06/01	07/01/03	06/01/04
Board					02/28/01	07/30/03	06/23/04
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of OB/GYN	08/10/05	07/25/07	01/21/08	11/13/09	06/06/12	02/06/13	03/05/14
Credentials	n/a	n/a	02/26/08	n/a	06/26/12	n/a	n/a
MEC	n/a	n/a	03/04/08	n/a	07/03/12	n/a	n/a
Board	n/a	n/a	03/28/08	n/a	07/25/12	n/a	n/a
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of OB/GYN	06/03/15						
Credentials	n/a						
MEC	n/a						
Board	n/a						

**ANTELOPE VALLEY HOSPITAL
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
RULES AND REGULATIONS
2015**

1. OBSTETRICS AND GYNECOLOGY DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

The Obstetrics Unit, located in the Women's and Infant's Pavilion, provides comprehensive family-centered care for the maternity patient. The Obstetrics Unit is capable of providing care for the normal newborn infant. There are facilities to care for all levels of maternal patients.

Obstetrical/Gynecological care in the Hospital includes, but is not limited to management of the prenatal patient, delivery, Cesarean sections, postpartum couplet care, circumcision of male newborns, routine gynecological care, management of gynecologic illnesses (main) and complications, and gynecologic surgery (main). Acute and ambulatory care is provided, encompassing the Operating Room, Labor and Delivery, WIP Triage, Antepartum, Recovery, Postpartum (couplet care), NICU, inpatient rooms, Ambulatory Surgery Center, Emergency Department; and Women's and Infant's Pavilion.

B. Specialties within the Department include Obstetrics, Gynecology, and other subspecialties within Obstetrics/Gynecology.

C. Department Responsibilities (refer to Medical Staff Bylaws, Article VIII, Section 8.4):

The Department fosters a commitment to the ongoing education of the Department members and the quality improvement process.

2. DEPARTMENT MEMBERSHIP:

A. Qualifications: As defined in Article III of the Medical Staff Bylaws. Membership shall be limited to practitioners who specialize in Obstetrics and Gynecology or restrict their practice to Gynecology only.

B. Geographic proximity to the Hospital for on call availability:

- (1) Individuals or their designee are required to provide a telephone number to the Charge Nurse or Nursing Office for 24-hour accessibility.
- (2) Individuals, or their designee, when on call, must be physically present in the Antelope Valley environs and able to arrive within thirty minutes for deliveries.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form.

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

The Obstetrics and Gynecology Department will provide proctoring for all applicants requesting obstetrical and/or gynecological privileges at Antelope Valley Hospital. Proctoring will apply to all applicants, and to all Medical Staff members requesting additional obstetrical and/or gynecological privileges, regardless of the specialty or category of membership.

OBSTETRICAL PROCTORING - Proctoring will commence with the admission of the applicant's first patient, will include a minimum of two cases for the privileges specifically requested and will proceed until the proctors, in consultation with the Obstetrics and Gynecology Department Chair/designee, agree that competence has been demonstrated. Proctoring of patient management may include concurrent or retrospective chart review, or direct observation of each delivery and all procedures as previously noted and the monitoring of diagnostic and treatment techniques.

GYNECOLOGICAL PROCTORING - Proctoring will commence with the applicant's first case and will include a minimum of two major cases which shall represent a reasonable variety of cases for the privileges specifically requested. Proctoring will be by a physician privileged in that specialty. Proctoring may include concurrent case review to date of discharge, direct observation and the monitoring of diagnostic and treatment techniques.

(2) Proctor's Qualifications:

Reference General Rules and Regulations, Section P, paragraph 3, page 43, Qualifications of Proctor.

(3) Assignment of Proctors:

Members shall obtain their own proctor whenever possible. If the member is unable to obtain a proctor, it is the duty of the Department Chair to assist in this process.

(4) Proctor's Report:

A written report describing the case proctored will be completed by the proctor and submitted to the Medical Staff Services Department for consideration by the Department Chair. It is the responsibility of the applicant to ensure completed proctoring reports are received by the Medical Staff Services Department. Following review, the report will be maintained in the applicant's confidential file.

(5) Reciprocal Proctoring:

The applicant for the requested clinical privileges/procedure may under certain special circumstances submit proctoring reports from other hospitals.

- (a) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, at the discretion of the Department Chair. However, every attempt must be made to perform the required number of cases/procedures at Antelope Valley Hospital before submitting cases from other hospitals.
- (b) In no instance will cases/procedures proctored at other hospitals comprise more than 50 percent of the total proctoring reports required.
- (c) If procedures proctored at other hospitals are to be submitted, the applicant must release all proctored cases done at the other hospital(s) supplying those reports.

D. Reappointment Privileging Standards:

- (1) The physician will provide attestation of approved CME Category I credits as required by the Medical Board of California in meetings, courses, or visiting fellowships during the preceding two years, with the majority of the topics of education pertaining specifically to their specialty.
- (2) Evidence of proficiency in the area of delineated privileges.

E. Requests for Additional Privileges:

- (1) Applications for increased clinical privileges must always be accompanied by appropriate documentation of training and experience to justify the additional privileges. It is the applicant's responsibility to provide acceptable documentation.
- (2) See Article VI in Credentials Policy and Procedure Manual for instructions on making application for additional privileges.

F. Participation in Peer Review:

- (1) Active Members of the Department of Obstetrics and Gynecology are required to participate in a minimum of three individual peer reviews annually.

4. DEPARTMENT CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1A):

Member of the Active Staff with willingness and ability to discharge the functions of the office. The Department Chair must be board certified by the American Board of Obstetrics and Gynecology.

B. Term of Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms if so requested.

C. Roles and responsibilities of the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph E).

D. Nomination/election process for the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph B):

Each Department shall elect its own Department Chair. Each appointment must be approved by the Medical Executive Committee and Governing Board before it is effective.

5. DEPARTMENT MEETINGS:

A. When Held:

Departmental meetings will be held monthly at a time agreed upon by the Chair and communicated to the committee members. Departmental members may be called upon to participate on committees, task forces or in quality assessment activities to assist the Department in maintaining the standard of care.

B. Voting:

- (1) Only Active Staff members of the Department will be granted voting privileges regarding election of officers.
- (2) All members of the Department will have an equal vote regarding routine Department business.

6. CONSULTATIONS:

A. Responsibilities:

Arrangements for a consult are the responsibility of the attending physician. The attending physician shall at all times retain final authority and responsibility for the medical management of the patient. However, at the time of consultation, continued patient care should be determined to be by collaboration with the referring care provider or by transfer of care. The physician or the physician's assigned delegate shall be available for call at all times regarding a patient the physician has admitted to the facility. Depending on the attending physician's privileges, consultation with co-management or referral of case, may become necessary in some cases.

B. Consultation with a specialist in maternal fetal medicine is strongly recommended for patients who have been identified to have the following risk factors:

(1) Medical history and conditions:

- (a) Asthma – severe (multiple hospitalizations)
- (b) Cardiac disease – cyanotic, prior myocardial infarction, aortic stenosis, pulmonary hypertension, Marfan syndrome, prosthetic valve, AHA Class II or greater
- (c) Diabetes mellitus (Insulin dependent)
- (d) Family history of genetic problems, i.e., Down syndrome, Tay-Sachs disease, PKU
- (e) Hypertension – chronic, with renal or heart disease
- (f) Pulmonary disease – severe obstructive or restrictive
- (g) Renal disease:

- chronic, creatinine greater than 3 with or without hypertension
- requirement for prolonged anticoagulation
- severe systemic disease

(2) Obstetrical history and conditions:

- (a) Prior fetal structural or chromosomal abnormality

- (3) Initial laboratory tests:
 - (a) HIV – symptomatic or low CD4 count
 - (b) CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis)
- (4) Ongoing Pregnancy Risk Identification for Consultation:
 - (a) Medical history and conditions:
 - severe systemic disease that adversely affects pregnancy
 - (b) Obstetrical history and conditions:
 - fetal abnormality suspected by ultrasonography
 - (c) Examination and laboratory findings:
 - HIV – symptomatic or low CD4 count
 - CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis)

7. DEPARTMENT MONITORING AND EVALUATION PROGRAM.

- A. Indicators (on file in Quality Management Department).
- B. Practice parameters/standard of practice/department-specific criteria.
- C. Peer review system/forms.
- D. Ongoing and focused professional practice evaluations.

8. MISCELLANEOUS DEPARTMENT RULES AND REGULATIONS:

- A. Patient Overflow:
 - (1) Maternity Patient Overflow - In the event of higher patient census than the private rooms (48) in the couplet care area can accommodate, nine (9) couplet care rooms may be converted to semi-private rooms. The couplet care area is licensed for 57 patients. Patients may also be held in the PACU or L & D until a couplet care bed is available.
 - (2) Nursery Patient Overflow – The mother and significant other are encouraged to keep their baby in their room so they will bond. In the event a mother is unable or discharged, boarder babies are admitted to the NICU or Nursery Overflow area.
- B. Couplet Care:

There are provisions for Couplet Care. Maternal-infant contact is encouraged to facilitate and enhance the process of maternal-infant bonding.
- C. Surgical cases requiring first assistant to be present:
 - (1) Cesarean sections.