

TORRANCE MEMORIAL MEDICAL CENTER
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

RULES AND REGULATIONS
APPROVED 6/30/2017

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PRIVILEGE CARDS

Core Obstetrics/Gynecology Privilege Card
Core Female Pelvic Medicine and Reconstructive Surgery
Core Gynecologic Oncology Privilege Card
Core Perinatology Privilege Card
Core Reproductive Endocrinology & Infertility Privilege Card

ARTICLE I – RULES AND REGULATIONS

The Obstetrics and Gynecology Department shall provide an environment that will allow participating physicians to give their patients quality medical care.

The Department shall be governed by an elected Chief and all OB/GYN Department members. Department meetings shall be held regularly.

Evaluation of patient care should be made by the members of the Department including assessment of completeness of medical records, accuracy of diagnosis, appropriateness of use of laboratory and other services and outcome of care. It should include the identification of important or potential problems in the care of the patients. There is objective assessment of the cause of these problems and designation of a mechanism or action to eliminate them as much as possible.

The OB/GYN Department may request an interview with physicians requesting privileges.

All physicians shall have a designated alternate who shall care for obstetrical/gynecological patients in their absence.

The Chief of the OB/GYN Department shall be elected yearly according to the Medical Staff Bylaws. The Vice Chief shall serve as the acting Chief in the absence of the elected chief. In a situation where the Chief and Vice Chief are not available and an immediate problem arises, the Chief of Staff shall be consulted for any action until the Chief of OB/GYN or previous Chief is available.

According to the Bylaws and Rules and Regulations, the Chief of the OB/GYN Department shall have the responsibility to supervise and assure quality care and shall have the power to call an inquiry to suspend or bring necessary disciplinary action against any physicians according to the Bylaws. All complaints regarding departmental matters shall be brought to the attention of the Chief of the OB/GYN Department who shall handle them according to his judgment and may bring the matter to the OB/GYN Department and/or committees, or to the Medical Executive Committee or to the Chief of Staff. Should a complaint arise involving the Chief of the OB/GYN Department, it shall be brought to the attention of the Vice Chief of OB/GYN or Chief of Staff. The same principle shall apply to the handling of these problems as outlined above.

All Department policies, rules and regulations which are not covered in this section, but are an integral part of the OB/GYN Department, are binding to all members of the OB/GYN Department.

ARTICLE II – POLICIES AND PROCEDURES

Protocol for Reaching Attending Physician

1. When a patient is received in Labor and Delivery, a qualified labor and delivery nurse may perform the initial medical screening examination without a physician present and report the findings to the patient's physician.
2. If unable to reach the attending physician, call associate or alternate physician designated by individual physicians.
3. Should alternate physician be unavailable and delivery is imminent, call the laborist on duty.
4. Should the alternate physician also be unavailable and immediate orders are indicated, call laborist on duty.
5. If the patient arrives in the labor room and has no physician and whose delivery is imminent, call the laborist on duty.
6. Should a patient present herself to the labor and delivery department who has no physician and whose delivery is not imminent, call the laborist on duty.
7. Physicians (and numbers of cases involved) who regularly miss attendance and deliveries or fail to respond in an appropriate time shall be brought, by the supervisor of labor and delivery room, to the attention of the Chief of OB/GYN Department who may institute appropriate disciplinary action.
8. For all scheduled cesarean sections and induction cases, the obstetrician/gynecologist must arrive timely. If an obstetrician/gynecologist is 30 minutes late on three or more occasions, he/she will not be permitted to schedule cesarean sections for six months. After six months and upon a request to schedule cesarean cases, he/she must appear before the Department of Obstetrics/Gynecology Department and petition that request.

ARTICLE III – POLICY FOR SUPPORT PERSONS IN THE THIRD FLOOR C-SECTION DELIVERY ROOM DURING CESAREAN SECTION

1. One visitor may be admitted to the C-Section Delivery Room at the discretion of the attending obstetrician.
2. Both anesthesiologist and pediatrician are to be notified of the intention to have the designated visitor in the C-Section Delivery Room.

ARTICLE III – POLICY FOR SUPPORT PERSONS IN THE THIRD FLOOR C-SECTION DELIVERY ROOM DURING CESAREAN SECTION (CONTINUED)

3. The designated visitor must immediately leave the operating room, if so instructed, by any physician in attendance (anesthesiologist, obstetrician, pediatrician).

AS CLARIFIED AT THE BOARD MEETING HELD 9/30/81, THIS POLICY APPLIES ONLY TO THE THIRD FLOOR--NOT THE MAIN OPERATING ROOM.

ARTICLE IV – CAMERAS IN SURGICAL DELIVERY ROOM AND DELIVERY ROOM

Refer to the Patient Care Policy/Procedure: Photography and Video Recording of Patients (PC.E.186)

ARTICLE V – PROCTORING POLICY

Proctoring of Provisional Staff Members and Applicants with Temporary Privileges

See privilege cards for proctoring requirements.

Additional cases may be requested by the Department Chief, if deemed necessary.

New members obtaining privileges or current members obtaining new privileges which require proctoring will be assigned 2 proctors and be given a list of eligible proctors by the Medical Staff Services Department. The member can be proctored by anyone on the list. Proctors will be responsible for proctoring and completing proctoring reports. The physician requiring proctoring will contact one of the physicians with regard to scheduling a case. It is the responsibility of the proctors to make every effort to be available to the OB/GYN. Also, a physician cannot serve as both an assistant and a proctor on the same case.

The proctor is expected to review the chart prior to the induction of anesthesia. Also, the proctor is expected to be in the Operating Room from the beginning of the surgery until he/she is satisfied that the case is proceeding to an appropriate conclusion.

It is the proctor's responsibility to return all completed proctoring reports to the Medical Staff Service Department for insertion in the physician's credential file.

Physicians cannot have their provisional status removed until all proctoring requirements have been satisfied in the time period outlined in the Medical Staff Bylaws.

Reciprocal Proctoring

In determining the number of cases to be performed under reciprocal proctoring, the Medical Executive Committee, may take into consideration, in its decision, proctor reports completed at other hospitals licensed by the state of California.

ARTICLE VI – HISTORY AND PHYSICAL REQUIREMENTS

In the case of a stillborn or neonatal death patient, the chart shall contain a maternal History and a Physical and Discharge Summary.

ARTICLE VII – RETURNING POST PARTUM PATIENTS TO LABOR AND DELIVERY

Post partum patients from the recovery room or from the floor will be allowed to return to Delivery Room 1, 2 or 3, preferably Delivery Room 2, for evaluation and inspection under the condition that the attending physician will be responsible for arranging for the appropriate personnel to assist in the evaluation and management of the patient.

ARTICLE VIII – NON-STRESS TESTS

Physicians ordering Non-Stress Tests are required to review the NSTs within 30 minutes. If the ordering physician fails to read the NST within 30 minutes, the TMOGI physician will read the NST.

(revision per the February 2014 OB/GYN Dept. approved motion)

ARTICLE IX – GUIDELINES FOR ELECTIVE INDUCTIONS AND ELECTIVE CESAREAN SECTIONS

Elective inductions and elective cesarean sections will not be performed in patients <39 weeks unless medically indicated.

APPENDIX I – CRITERIA TO OBTAIN PRIVILEGES TO ASSIST IN SURGERY FOR NON-SURGICAL SPECIALISTS

1. *Education* (a) M.D. or D.O.
2. *Training* (a) Completion of at least one year of a Surgical or OB/GYN Residency
OR
(b) Completion of Family Practice Residency
3. *Fellowship/Board Status/Other* (a) No requirements
4. *Experience* (a) Experience as verified by training programs.
5. *References* (a) References as provided by training programs.

Evaluation at Reappointment: Privileges to assist in surgery granted to physicians who are not members of the OBG Dept, but who have obtained those privileges by meeting the OBG Dept. guidelines, will be reevaluated at the time of reappointment by the department of which the physician is a member.

Privileges will be granted by the appropriate Department depending upon criteria under which the physician applies for these privileges, Surgery, OB/GYN or Family Practice.

APPENDIX II – EPIDURAL PROTOCOL

PROCEDURES

1. Epidural placement is to be done by the anesthesiologist if there are no contraindications.
2. Obstetrician is to be readily available at the time of initiation of the epidural.
3. Accurate intake and output.
4. Anesthesiologist to determine the dose and rate of drugs to be used.

APPENDIX III – SURGICAL PROCEDURES REQUIRING AN ASSISTANT

The use of an assistant in surgery will be at the sole discretion of the Surgeon with the exception of Robotic surgery. All robotic procedures must be performed with an assistant surgeon that holds Assistant Da Vinci Surgical Platform privileges.

APPENDIX IV – MAJOR PROCEDURES THAT QUALIFY FOR PROCTORING

OBSTETRICAL PROCEDURES

- 1) Complicated Deliveries
- 2) Cesarean Sections
- 3) Cesarean Hysterectomy

MAJOR GYNECOLOGICAL PROCEDURES

- 1) Vaginal Hysterectomy
- 2) Abdominal Hysterectomy or Exploratory Laparotomy
- 3) Operative Pelviscopy or Operative Hysteroscopy

MINOR GYNECOLOGICAL PROCEDURES

- 1) Cervical Conization
- 2) Diagnostic Hysteroscopy
- 3) Hysteroscopic Tubal Occlusion
- 4) Laparoscopic Tubal

GYNECOLOGICAL ONCOLOGY

- 1) Radical Pelvic and/or Vulvar Surgery

OTHER PROCEDURES

- 1) Bowel Surgery with Resection
- 2) Reanastomosis
- 3) Enterostomies
- 4) Take Down of Reanastomosis/Enterostomies
- 5) Placement of Venous Access Devices Including Hickman Catheters
- 6) Breast Biopsy
- 7) Thoracentesis
- 8) Ureteral Resection and Reimplantation
- 9) Urinary Diversion Procedures Including Ileal Conduit

APPENDIX V – ANALGESIA FOR NEWBORN CIRCUMCISIONS

Analgesia must be provided if circumcision is performed on newborns at Torrance Memorial as outlined in the Guidelines for Perinatal Care (6th Edition).