

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY (OB/GYN)
RULES AND REGULATIONS**

MEMBERSHIP:

Application for membership in the Department of Obstetrics and Gynecology shall be as outlined in the Medical Staff Bylaws, Policies and Procedures. Members will consist of physicians who have completed the credentialing and privileging process and have been approved by the Board to practice as an Obstetrician and/or Gynecologist at Providence Alaska Medical Center.

Certified Nurse Midwives (CNMs) are granted limited voting rights within the OB/Gyn Department:

1. Two members will be nominated by the CNMs to represent the entire group.
2. CNMs are required to abstain from voting on topics outside their scope of practice.

CHAIR:

The Department of OB/GYN elects a Chair of the Department. If the Department cannot elect a chair, the President of the Medical Staff will appoint a Chair of the Department of OB/GYN, from among the active members of the staff who are qualified for membership in the Department of OB/GYN. The duties and responsibilities of the Department Chair are outlined in the Medical Staff Bylaws. The Department Chair will be excused from the EMTALA Call schedule during the time of his/her Chairmanship.

CONSULTATIONS:

All physicians in the Department of Obstetrics/Gynecology are expected to obtain appropriate consults for patients when diagnosis is obscure, when the usual or expected response to therapy is not forthcoming, or when a significant aspect of the clinical problem is outside the physician's realm of care.

V-BACS - An OB/GYN physician with C-section privileges will be in house when there is a V-BAC patient in active labor. CNMs and Family Medicine Physicians who have a V-BAC patient should obtain a consult from the in-house OB/GYN physician who could be doing the surgery. The Certified Nurse Midwife (CNM) and/or the OB/GYN physician will then obtain the consult from the in-house Anesthesiologist.

ASSISTING IN SURGERY:

All obstetrical and gynecologic surgeries at Providence Alaska Medical Center require an assisting surgeon licensed as an independent practitioner and with the required skills and qualifications deemed necessary by the primary surgeon, unless specified otherwise by that primary surgeon.

PROCTORING:

Reappointment to the Department of Obstetrics/Gynecology will be in accordance with the Medical Staff Bylaws, Policies and Procedures. In addition, any member having no (0) admissions to any Obstetrics/Gynecologic service in Alaska since his/her last reappointment will be required to be proctored by a Privileged Staff member of the Department of OB/GYN. Proctoring will be established at the time of the individual physician's reappointment.

DEPARTMENT MEETINGS:

The Department of OB/GYN meetings will be held during odd-numbered months and shall maintain a permanent record of its proceedings and actions.

These Department Rules and Regulations may be amended by a simple majority of those eligible to vote.

Voting members are those individuals classified as per the Medical Staff Bylaws; with the exception of CNM rights, as outlined in Membership above.

QUALITY IMPROVEMENT:

The Department will review the care rendered by its members on a routine basis.

EMTALA CALL:

All Physician members of the Department of OB/GYN that are on the Privileged Medical Staff that have admitting privileges are required to take EMTALA call and must follow the hospital's rules governing EMTALA call.

Exemptions from EMTALA Call include:

- Those members that reach the age of 60 and have served at least 10 years on the Medical Staff at PAMC are allowed, but not required, to take EMTALA emergency call. Members must submit a request to the Department Chair. Once approved by the Department Chair, the request is sent to the MEC for final approval.
- The OB/GYN Department Chair will be excused from the EMTALA Call schedule during the time of his/her Chairmanship.
- Perinatologist (Maternal-Fetal Medicine)
- GYN Oncologist

EFFECTIVE: 11/90

REVIEWED/REVISED: 11/93; 1/01; 12/01, 4/05, 2/06, 2/07, 8/09, 3/11, 1/14, 9/17, 3/18

OB/GYN QUALITY OUTCOMES AND IMPROVEMENT CONFERENCE

PURPOSE OF THE CONFERENCE:

To learn from cases with both excellent and adverse outcomes in order to improve systems and individual performance and to enhance safety and quality in our medical care.

REPORTS TO:

The Department of OB/GYN

MEETING LOGISTICS:

The meeting takes place the third Wednesday, of each monthly, at 12:15pm, subject to change with notification, at the end of the agenda when there is an Obstetrics and Gynecology Department meeting. There will be maximum 4 case presentations per meeting when there is NOT a Department Meeting, and maximum 2 case presentations when there is Department Meeting. Each presentation will be composed of 10 min presentation time and 5 min discussion, Q&A. This is a multi-disciplinary conference, everyone is welcome to attend.

PRESENTERS:

The primary physician(s) involved in case. Nurses and midwives are also encouraged to present.

SELECTION OF CASES:

Cases are identified based on quality indicators in OB and GYN. Self-reporting encouraged & rewarded.

GOAL: 1-2 cases per year per attending. As incentive, when a provider presents 1 case a year, a letter of good standing in the department, will be added to their file. If a provider presents a 2nd case, a letter of commendation for outstanding effort in personal & team patient care improvement will be added to their file.

QUALITY INDICATORS:

OB:

- Term infant admission to NICU (unplanned)
- Return to OR (unplanned)
- Sentinel events (transfusion \geq 4 Units PRBC or admission to ICU)
- Maternal death (unexpected)
- Fetal death (unexpected)

GYN:

- Return to OR (unplanned)
- Massive Transfusion Protocol
- Significant internal injury (ureteral transection, nerve injury, vascular injury, bowel injury)
- Severe wound infection

UORs:

- UORs that fall outside the range of quality Indicators can be screened by Department Chair as to relevance for case presentation at QOIC.
- Department Chair to address most UOR issues directly with physician involved.

DOCUMENTATION: "QOIC CASE REVIEW FORM"

The presenter will fill out the QOIC Case Review Form and return it to the Professional Practice Office (see attached). This form will be signed by the Department Chair and the Presenting Provider. This form takes place of formal minutes provided documentation that these cases were reviewed for PQC.

A template following this Case Review Form will be provided for the provider to present.

CME:

Providence Health System designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Presenter are required to complete a Conflict Of Interest Form for Disclosure of Financial Relationships. If there are Conflict of Interests, the CME team will work to resolve them when possible, if the conflict cannot be resolved, the activity will not qualify for CME.

**Attachment
Quality Improvement and Outcomes Conference Case Review Form**

MRN:	Case ID:	UOR#:
Overall Physician Care:		
<input type="checkbox"/> 1 - Appropriate Care. <input type="checkbox"/> 2 - Room for Improvement (Learning Opportunity). <input type="checkbox"/> 3 - Inappropriate Care		
CASE IDENTIFICATION		
Case Identifier: _____		
Brief Synopsis:		
Date Presented at QIOC: _____		
Departments & Providers Involved: _____		
Presenting Physician: _____		
Self-Reported: Yes _____ No _____		
Brief Systems Analysis:		
SELF CRITICAL ANALYSIS		
What important lessons did you learn from this case?		
What changes if any have you made in your practice?		
How can you prevent reoccurrence of this type of outcome (for adverse outcomes)?		
How can you encourage this type of outcome in the future (for outstanding outcomes)?		
_____ Presenter Signature		_____ Date
Sherrie Richey, MD _____ Department Chair Signature		_____ Date

Approved: 09/17

**PERINATAL COMMITTEE
DEPARTMENT OF OB/GYN**

PURPOSE OF THE COMMITTEE:

The function of the Perinatal committee is to provide oversight of the standards of care as defined by the American College of Obstetrics and Gynecology, the National Perinatal Standards (ACOG and AAP), and the standards of the American College of Nurse Midwives as well as the Association of Women's Health, Obstetric, and Neonatal Nursing. In so doing, the committee monitors quality improvement outcomes and identifies systems of care that may need to be monitored. Recommendations for monitoring quality indicators can come from the OB/GYN Risk Management committee, trend reports, data monitoring, or case reviews of untoward outcomes. The committee also reviews proposed changes in care processes such as protocol development, changes in pharmacological interventions or changes in care processes. Finally, the committee functions as a cross disciplinary committee providing for a forum to discuss care delivery by obstetrics, neonatal intensive care, high risk obstetrics, newborn nursery care and anesthesia.

REPORTS TO:

The Department of OB/GYN

AUTHORITY:

The committee recommends any changes to the Department of OB/GYN for review and approval.

MEMBERSHIP OF THE COMMITTEE:

- Chair: Active member of the Department of OB/GYN
- One to two active members of the Department of OB/GYN including at least one Perinatologist
- Current Department Chair of OB/GYN
- One active member from the Department of Family Medicine
- One Family Medicine Residency Faculty
- One Certified Nurse Midwife
- Medical Director of the NICU
- One active member from the Department of Pediatrics - that member may be one of the co-chairs of the Newborn Nursery committee

SUPPORT OF THE MEMBERSHIP OF THE COMMITTEE

- Clinical Manager of Maternity Services
- Administrator of the Children's Hospital
- Clinical Nurse Specialist of Maternity Services
- Medical Staff Office Support Staff

Additional members are invited when specific topics warrant their inclusion in the discussion

Approved: 12/01

Reviewed/Revised: 4/05, 2/06, 9/17, 6/21