

# PROVIDENCE LCM MEDICAL CENTER SAN PEDRO

## DEPARTMENT OF OBGY RULES AND REGULATIONS

### ARTICLE I. ORGANIZATION OF THE DEPARTMENT

#### Section A. Name:

The name shall be the Department of OBGY of the Medical Staff of Providence Little Company of Mary Medical Center San Pedro. The department is established as provided in the Medical Staff Bylaws, Rules and Regulations of the Medical Staff of Providence Little Company of Mary Medical Center San Pedro.

#### Section B. Membership of the Department

Membership in the Department shall be limited to those practitioners who are certified by the American Board of OBGY, or those who are active candidates for certification by the American Board of OBGY or those who have satisfactorily completed an approved 3 year residency training program in obstetrics and gynecology. Training programs must be approved by the American Board of OBGY.

Fulfillment of qualifications for initial appointment and reappoint as outlined in the Medical Staff Bylaws including but not limited to geographic boundaries for practice, payment of dues, discharge of functions, maintenance of professional liability coverage, attendance at meetings, and provision of on-call coverage. Ongoing membership criteria will be assessed at the time of reappointment.

The professional conduct of members under the jurisdiction of the department shall be governed by the Medical Staff Bylaws and, if necessary, referred to the Medical Executive Committee.

### ARTICLE II. FUNCTIONING OF THE DEPARTMENT

#### Section A. Department Responsibilities and Functions

SEE MEDICAL STAFF BYLAWS FOR DETAILS

#### Section B. Department Chair and Vice Chair Selection & Responsibilities

SEE MEDICAL STAFF BYLAWS FOR DETAILS

#### Section C. Meeting Frequency and Attendance Requirements

SEE MEDICAL STAFF BYLAWS FOR DETAILS

#### Section D. Quorum

Two (2) Active Staff members of the Department shall constitute a quorum for the conduct of business at any meeting of the Department.

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Section E. Voting Privileges

Active members of the Department may vote on all department matters including election of department chair and vice chair positions.

Section F. Department Representation

As provided in the Medical Staff Bylaws, a member of the Department may be appointed to other standing Medical Staff departments and committees.

Ex officio members of the Department (non-voting) shall consist of, but not limited to representatives from Hospital Administration, Performance Improvement, and Patient Care Services (Nursing). Other members shall be at the discretion of the chair.

Section G. Sub-Sections

The department chair may appoint division chairs to conduct business at his/her discretion.

ARTICLE III. CLINICAL PRIVILEGES

Section A. Assignment of and Granting of Clinical Privileges

At the time of initial appointment and reappointment, a privilege delineation form shall be completed by applicants and members outlining those privileges being requested. During the reappointment cycle, members requesting privilege modifications shall provide supporting written documentation of training (certificate of course completion or letter from program director attesting to training) and experience (number of procedures done in the prior 2 years).

Privileges in the Department are granted by the Board of Directors of the Hospital, upon the recommendation of the Medical Executive Committee. The Department is responsible for the evaluation of each member of the Department, and of each applicant for membership in the Department, with regard to privileges, and makes recommendations in this regard to the Medical Executive Committee, consistent with the Medical Staff Bylaws.

Once approved, an approved privilege listing will be sent to the member and to the appropriate hospital departments. The original privilege request form shall be maintained in the member's credential file in the Medical Staff Services Department.

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Any limitations imposed will be waived for a member caring for a patient having an urgent life threatening condition. In this situation, the member's right to employ any medical or surgical method deemed necessary to save a life or limb should not be impaired.

The granting of privileges outlined on the Department of Family Practice Privilege Delineation form shall initially be determined by the Department based on narrative documentation of training and experience (preferably the residency program director), and written documentation of post-training experience (operative reports).

Limited OB privileges will be granted to qualified family practitioners subject to training and experience requirements and the condition that they establish and maintain a written agreement for immediate backup coverage with a member of the Department of OBGY, who will be available to manage problems, do Cesarean sections and/or other surgical procedures. This written agreement is to be part of the reappointment process to be renewed at that time by both individuals and the Department of OBGY Chair. The written agreements are to be available to the Labor and Delivery Unit.

Section B. Special Privileges

SEE MEDICAL STAFF BYLAWS FOR DETAILS

Section C. Focused Professional Practice Evaluation (Proctoring)

Policy: All Provisional Staff members initially granted privileges shall complete a period of proctoring (minimum 6 months and maximum 24 months). All practitioners granted special/interim privileges during the time final action is pending concerning their application, during a probationary period, shall be proctored. Practitioners granted special privileges (Consulting and Assisting) may not be proctored, but shall comply with any special supervision required by the department chair or the Chief of Staff.

Additional proctoring may be required for Provisional members to adequately evaluate their practice. This additional proctoring shall not constitute grounds for a hearing.

Additional proctoring may be required for members requesting new privileges. This shall not constitute grounds for hearing.

Proctoring may be required for members whose clinical department determines that additional or continued proctoring is necessary or desirable. This additional proctoring shall constitute grounds for a hearing.

Number of Required Proctored Cases: See Privilege Delineation Form.

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Assignment of Proctor: Proctors shall not be assigned, however, proctors must be members of the Department with unsupervised privileges to perform the procedure to be proctored. The Medical Staff Services Department can provide members being proctored with lists of suitable proctors. Associates may act as proctors, however, only use one case wherein the proctor is an associate may be used. The proctor may act as the assistant surgeon. At least two (2) different proctors shall be involved in the overall proctoring of a member undergoing review. It shall be the responsibility of member being proctored to assure that the required number of reports have been submitted to the Medical Staff Services Department.

If members do not have the necessary qualifications or are unavailable to proctor, special arrangements may be made for proctoring by non-members (at sites other than the Hospital or within the hospital with Special Privileges) and/or by members who have related privileges. Special arrangements must be approved by the department chair.

Function and Responsibility of the Proctor: The proctor shall be a member with commensurate unsupervised privileges and be responsible for evaluating the proctored member's performance; management of patients may be proctored by retrospective chart review, however invasive/surgical procedures must be proctored by direct observation. Exceptions to proctoring include emergencies.

For each case that is proctored, the proctor shall complete the appropriate department proctoring form, and submit it to the Medical Staff Services Department as soon as is practicably possible.

A proctor may act as the assistant in a surgical procedure if requested to do so by the proctored member.

Responsibility of the Proctored Member: The proctored member shall be responsible for notifying the proctor of each patient whose care is to be evaluated (the next working day if a night or weekend admission). For surgical or invasive medical procedures that will be observed, the proctored member shall be responsible for arranging the time of the procedure with the proctor.

The proctored member shall provide all information that is requested by the assigned proctor regarding the patient and the planned course of treatment.

Proctoring Duration: Each Provisional member granted clinical privileges must be proctored on the minimum number of cases identified on the privilege delineation form. The proctoring period shall be for a minimum of 6 months and a maximum of 24 months.

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Non-Provisional members granted clinical privileges must be proctored on the minimum number of cases identified on the privilege delineation form.

Extension of Proctoring: If the Provisional member has reached the 24 month time period and has not satisfied the proctoring requirements of the department, there is nothing derogatory related to his or her clinical practice, and on a going of good faith attempts to complete proctoring, in the opinion of the department chair, the Medical Executive Committee may extend the proctoring period for one (1) year.

Proctoring at Other Institutions: 3/5 of cases for proctoring in each category (OB and GYN) must be performed at PLCMMC San Pedro. Two cases may be submitted from other facility as long as the following conditions are met:

- a. The proctor is not under disciplinary action at that facility;
- b. Copies of the actual proctoring reports are provided to Providence LCM MC San Pedro and maintained in the proctored member's credential file in the Medical Staff Services Department.
- c. The proctoring reports are less than 5 years old;
- d. 50% of these cases must be performed within the past one (1) year;
- e. The proctor must be on staff at LCM-SPH, LCM-Torrance, Torrance Memorial Medical Center or known to the department chair.

Proctoring Review: The proctored member shall be notified initially of the proctoring requirements and updated at 18 months via Certified Mail with regard to the number of proctored cases necessary to complete the requirements.

When the department is considering whether to terminate proctoring requirements, and grant the member unsupervised privileges, it shall have the department chair or his/her designee review the proctored member's file to assure that the necessary completed proctoring forms are in order and the member is in good standing. The department chair may recommend release from proctoring or additional proctoring for reasons as outlined by the chair.

ARTICLE IV.            CLINICAL PRACTICE

Section A.            Responsibility of the Attending Physician

SEE MEDICAL RULES/REGULATIONS REGARDING DETAILS

Section B. Consultations

SEE MEDICAL STAFF RULES/REGULATIONS; AND IN THE FOLLOWING CIRCUMSTANCES (care must be under a member of the Department of OBGY):

1. Toxemia of pregnancy. Every patient with evidence of toxemia of pregnancy.
2. Induction of labor in nullipara.
3. Cases of malpresentation at the time of diagnosis.
4. Complete dilatation for two hours without apparent progress.
5. Labor prolonged beyond 24 hours without delivery.
6. All operative deliveries except repeat Cesarean section and low, uncomplicated forceps deliveries. Operative deliveries include breech decomposition, breech extraction, version and extraction, use of forceps, hysterotomy, Dührssen's incisions, etc.
7. Antepartum, intrapartum or postpartum bleeding of 500 cc or more.
8. Retained placenta.
9. Proposed vaginal delivery following a previous Cesarean section.
10. Coexistent abdominal or pelvic pathology that might affect the course of labor or delivery.
11. Use of I.V. Syntocinon for the purpose of induction or stimulation of labor by a non-certified OB/GYN physician.

Section C. Service to the Emergency Department

1. The ED call schedule is published monthly by the Medical Staff Services Department 30 days in advance. Physicians need to submit their vacation days prior to the publication of the schedule to allow for those requested days off to be accommodated. Further, once the schedule is published, should an individual member(s) request a revision to the schedule, it is that member's responsibility to secure coverage and notify the Medical Staff Services Department of the coverage arrangement. Active and Courtesy Staff members are required to take call commensurate with privileges granted with the exception of members over the age of 60 or those who have medical conditions that preclude them from taking ED call (see below for criteria). All requests for exclusion must be in writing.

Subject to approval by the department chair, Provisional members may be placed on ED call for OB and GYN following appointment subject to any requirements for proctoring.

**Criteria for Removal from ED Call for Medical Reasons:**

- a. Documentation from the member's physician listing the specific illness and limitations to justify the request.
  - b. Requesting member should not be covering his/her own private patients in the ED during the day or at night.
  - c. Requesting member who continues to actively participate in patient admissions at the hospital will not be excused from ED call responsibilities.
2. Members on call must respond promptly when requested to see a patient. The response time must be reasonable in view of the patient's clinical circumstances. Each panelist must let the Hospital know how to reach him or her immediately and remain close enough to the Hospital to be able to arrive within a reasonable time.

Obstetrical patients shall be defined as those who are 20 weeks gestation and over. Patients who are under 20 weeks gestation shall be considered as gynecology.

3. Problems which arise involving the performance or availability of an on-call member will be brought to the attention of the Department Chair for timely action and follow-up to ensure that the patient's emergent needs are addressed.
4. If a member is not able to meet his/her responsibilities for a particular day, it is his/her responsibility to make arrangements for another member to cover his/her call. The alternate physician must be a member of the SPPH Medical Staff, eligible to take E.R. call, has similar privileges, and is aware of what call responsibility entails and accepts it. It shall also be the responsibility of the original on-call member to notify the Emergency and the Medical Staff Services Departments of the change in coverage.
5. If the patient seen, treated and discharged from the ED and the patient returns to the ED for care sometime later, it shall be the responsibility of the MD on call at the time the patient returns to attend the patient.

Section D.           Anesthesia

1. Anesthesia is to be administered by a member of the Department of Anesthesia at all times upon request and the anesthesiologist shall remain readily available in the hospital for the duration of anesthesia.

Section E.           Records

1. The perinatal record will be made available to the Perinatal Unit at 35 weeks.

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Section F. Inductions

Elective inductions will not be performed or scheduled prior to 39 weeks gestation.

ARTICLE V. ADOPTION

The Department shall review these rules and regulations on a regular basis to incorporate new methods and procedures, diagnostic and treatment advances. Approval of new or changed rules and regulations shall be by the Department with a quorum present.

APPROVED:

DEPARTMENT OF OBGY: 3/12/98  
MEDICAL EXECUTIVE COMMITTEE: 4/6/98  
BOARD OF DIRECTORS: 4/21/98

REVISED:

DEPARTMENT OF OBGY: 7/8/99  
MEDICAL EXECUTIVE COMMITTEE: 7/22/99  
BOARD OF DIRECTORS: 9/21/99

REVISED:

DEPARTMENT OF OBGY: 9/14/00  
MEDICAL EXECUTIVE COMMITTEE: 9/28/00  
BOARD OF DIRECTORS: 10/17/00

REVISED:

DEPARTMENT OF OBGY: 4/19/01  
MEDICAL EXECUTIVE COMMITTEE: 4/26/01  
BOARD OF DIRECTORS: 5/29/01

REVISED:

DEPARTMENT OF OBGY: 6/1/01  
MEDICAL EXECUTIVE COMMITTEE: 6/28/01  
BOARD OF DIRECTORS: 7/24/01

REVISED:

DEPARTMENT OF OBGY: 9/13/01  
MEDICAL EXECUTIVE COMMITTEE: 9/28/01  
BOARD OF DIRECTORS: 10/23/01

REVISED:

DEPARTMENT OF OBGY: n/a  
MEDICAL EXECUTIVE COMMITTEE: 10/18/04  
BOARD OF DIRECTORS: 11/11/04

REVISED:

DEPARTMENT OF OBGY: 5/13/04  
MEDICAL EXECUTIVE COMMITTEE: 11/15/04  
BOARD OF DIRECTORS: 1/20/05

REVISED:

DEPARTMENT OF OBGY: 7/25/06  
MEDICAL EXECUTIVE COMMITTEE: 9/18/06  
BOARD OF DIRECTORS: 9/20/06

REVISED:

DEPARTMENT OF OBGY: 11/10/09  
MEDICAL EXECUTIVE COMMITTEE: 11/23/09  
BOARD OF DIRECTORS: 11/24/09

REVISED:

DEPARTMENT OF OBGY: 1/26/10  
MEDICAL EXECUTIVE COMMITTEE: 2/15/10  
BOARD OF DIRECTORS: 3/23/10

REVISED:

DEPARTMENT OF OBGY: 6/1/10  
MEDICAL EXECUTIVE COMMITTEE: 6/21/10  
BOARD OF DIRECTORS: 8/3/10