

DEACONESS HOSPITAL, INC.
Evansville, Indiana

OBSTETRICS-GYNECOLOGY DEPARTMENT RULES AND REGULATIONS

INTRODUCTION

- A. These articles shall be known and observed as the Rules and Regulations of the Obstetrics-Gynecology Department of Deaconess Hospital, Inc., Evansville, Indiana.
- B. These Rules and Regulations shall govern all actions and activities of the Obstetrics-Gynecology Department. Their intent is to supplement the Bylaws of the Medical Staff of Deaconess Hospital, Inc., and in no way shall they be construed to violate any Article or Section in said Bylaws.
- C. These Rules and Regulations will supersede all previous Rules and Regulations of the Obstetrics-Gynecology Department.
- D. These Rules and Regulations shall be revised and ratified at the beginning of each Medical Staff fiscal year.

ARTICLE I - OB/GYN PRACTICE

- A. The Ob/Gyn Department will make recommendations for the conduct of The Women's Hospital maternity service and will review the practice of obstetrics in The Women's Hospital and Deaconess Hospital. In order to help improve and control gynecological surgery, the Department will be represented on The Women's Hospital Perioperative Committee.
- B. Operations, treatments or medications that have as their direct purpose the cure and/or management of a potentially life-threatening pathological condition of the pregnant woman are permitted when they cannot safely be postponed until the unborn child is viable, even if they will result in the death of the unborn child. Under the circumstances when a prenatal diagnosis has been made that the unborn child has a lethal condition and this has been verified by a second physician, it will be the discretion of the physician(s) and the patient to determine the management and timing of delivery, whether the child is viable or pre-viable. Terminations that are preformed under the above criteria will meet the Antepartum Time Out Communication Tool which integrates a multidisciplinary consultation.
- C. If an operation to accomplish sterilization is recommended by the physician for medical indications, the recorded opinion of a knowledgeable consultant shall be obtained.

If the sterilization is requested by the patient, and the physician agrees, consultation is not necessary.

It is mandatory that the "Request for Sterilization" be signed when the operation is performed for sterilization.

- D. It is the responsibility of the primary surgeon to provide credentialed assistants for all major obstetric and gynecologic operations, with the exception of emergent situations. In many cases, the complexity of the surgery or the patient's condition will require the assistance of one or more physicians to provide safe, quality care. The primary surgeon's judgment and prerogative to determine the number and qualifications of surgical assistants should not be overruled by public or private third-party payers. Surgical assistants should be appropriately compensated.
- E. Senior Medical Students may be allowed to scrub but not perform surgical procedures.
- F. As outlined in ACOG statement of policy: AAFP-ACOG Joint Statement On Cooperative Practice and Hospital Privileges. When privileges are recommended jointly by the Departments of Family Practice and Obstetrics/Gynecology, they shall be the joint responsibility of the two departments. Family Practice and Nurse Midwives shall be granted Core OB privileges on the basis of training, experience and demonstrated current competence. Any privileges outside of Core OB shall be reviewed by the Department Chairman of Ob/Gyn.
- G. A Family Practice Physician with Core OB privileges who has demonstrated proficiency may at the discretion of the attending surgeon who has full major OB privileges, act as first assistant for uncomplicated Obstetrical procedures.
- H. Changes in obstetrical/gynecology privileges:
 - 1. Any changes in privileges must be accompanied by supporting documentation of training and experience;
 - 2. Upon reaching age 70, any physician must be credentialed on an annual basis and must submit to a physical and mental examination by a qualified, licensed physician who is acceptable to both the physician and the Department of Ob/Gyn. The written report will be sent to the Chairman of the Department.

ARTICLE II - MEMBERSHIP

- A. The membership of the Ob/Gyn Department is defined by the Bylaws of the Deaconess Medical Staff.
- B. Active Staff Requirements:
 - 1. Practice at The Women's Hospital, with, at least, one year's duration of active participation in the affairs of the Hospital and the Ob/Gyn Department.
 - 2. Obligation to attend the clinical service patients on an impartial rotation in

the Emergency Room as assigned by the Medical Staff coordinator in Medical Affairs and approved by the Ob/Gyn Department.

3. It is recommended that each member maintain the required number of continuing medical education hours as recommended by the American College of Obstetrics and Gynecology.
4. Obligation to engage actively in the work of the Department.
5. A copy of the Delineation of Privileges form shall be sent to the Director of the Residency Program or past and present hospital appointments, asking for verification that the applicant can adequately perform all procedures requested.

C. Active Provisional Staff Requirements:

Same as Active Staff membership but will be on probation for one year.

D. Courtesy Staff Requirements:

Same as Active Staff membership but will not be required to attend meetings or take Emergency Room call. The Courtesy Staff members may not vote at meetings, hold office, and may not admit patients on a priority basis.

E. Courtesy Provisional Staff Requirements:

Same as Courtesy Staff membership but will be on probation for one year.

F. Senior Staff Requirements:

Same as Active Staff membership but are not required to attend meetings or take rotation on Emergency Room duty.

ARTICLE III - STANDARDS OF PRACTICE

- A. All physicians granted initial privileges after March 15, 2004, are required to achieve Board Certification in Obstetrics/Gynecology within five (5) years of completion of residency or fellowship training. Members are required to maintain board certification until such time as they reach Honorary Staff status.
- B. Except in cases of emergency, a preoperative diagnosis and History and Physical examination MUST be recorded on appropriate chart form before the time stated for operation. If such preoperative diagnosis and History and Physical examination are not recorded, the operation SHALL be cancelled.

- C. A surgical operation shall be performed only on informed consent, in writing, on the appropriate hospital form signed by the patient and/or legal representative, except in emergency cases.
- D. Techniques in surgery:
 - 1. Hand scrub in the Operating room will adhere to AORN recommended practices.
 - 2. Scrub clothing provided by the hospital is to be worn in Surgery and PACU
 - 3. Disposable masks should be worn over the nose and are to be changed between cases as well as, eye wear for appropriate cases.
 - 4. Time Out and/or OR briefing shall occur at specified times and in accordance with established guidelines.
 - 5. Sponge/needle counts shall occur at specified times and in accordance with established guidelines.
- E. ALL operations/procedures performed shall be fully described by the operating surgeon on the appropriate record immediately after the procedure is performed.
- F. Discharge Plan – physicians may request a discharge planning evaluation to be completed by the hospital even if patient’s needs not initially identified upon screening.

ARTICLE IV- ELECTION OF CHIEF

- A. The Chief of the Ob/Gyn Department shall be elected every two years at the last meeting of the fiscal year. The Chief of the department shall serve a two (2) year term and may be reelected to two additional consecutive terms. The immediate Past Chief shall serve as Assistant Chief of the department and shall be eligible to attend the MEC meeting in the Chief’s absence.
- B. In the event of a tie or no majority vote, a vote will be taken by secret ballot.
- C. The Chief must be a member of the Active Staff and Board Certified by the American Board of Obstetrics and Gynecology.
- D. The Chief will have the following duties:
 - 1. The Chief or his/her designate will be responsible for the minutes of the Ob/Gyn Department meetings.
 - 2. Appointment of members or subcommittees as he/she sees fit.

3. The Chief is expected to attend the following Committee meetings:
 - a. Medical Staff Executive Council
 - b. Appropriate Quality Committee
 - c. Perinatal Morbidity and Mortality

ARTICLE V - MEETINGS

- A. The Ob/Gyn Department meetings shall be held in accordance with the requirements of the Medical Staff Bylaws.
- B. Written notices of the time and place of meetings shall be mailed to all members in advance of the meeting.
- C. Additional meetings may be called by the Chief of the Ob/Gyn Department providing an announcement and written notice is given to each member at least four days in advance of said meeting.
 1. Special subcommittee meetings which may be appointed by the Chief shall be held at the discretion of the subcommittee chairman.

ARTICLE VI- RULES AND REGULATIONS REVISION

The Ob/Gyn Department initiates and, with the approval of the appropriate bodies of the Hospital, adopts such rules, regulations and policies governing the work of obstetrical and gynecological services in the Hospital, to assure safe and efficient care of the patients. All Staff members must conform to all the policies, rules and regulations established by the Ob/Gyn Department. Likewise, the Ob/Gyn Department members must conform to all the policies, rules and regulations established by other departments.

These Articles shall be ratified when approved by a majority vote of the Active and Senior members present.

Amendments require a majority of the voting members to pass.

Amendments shall be forwarded to the Executive Council for review and approval and shall become effective only upon approval by the Board of Directors.

Approved:	Ob/Gyn Department - 08/27/77	Executive Council - 09/14/77
Revised:		Executive Council - 05/09/78
Amended:		Executive Council - 08/11/82
Revised:	Ob/Gyn Department - 05/19/84	Executive Council - 06/13/84
Revised:	Ob/Gyn Department - 09/28/85	Executive Council - 12/11/85
Revised:	Ob/Gyn Department - 03/23/89	Executive Council - 06/14/89
Revised:	Ob/Gyn Department - 11/19/92	Executive Council - 01/13/93 Board - 01/25/93
Revised:	Ob/Gyn Department - 02/24/94	Executive Council - 03/09/94 Board - 03/28/94

Revised:	Ob/Gyn Department - 08/25/94	Executive Council - 10/12/94	Board - 10/28/94
Approved:	Ob/Gyn Department - 05/27/99	Executive Council - 06/09/99	Board - 06/14/99
Approved:	Ob/Gyn Department - 02/24/00	Executive Council - 05/10/00	Board - 06/19/00
Revised:	Ob/Gyn Department - 11/21/02	Executive Council - 12/11/02	Board - 01/20/03
Revised:	Ob/Gyn Department - 03/20/03	Executive Council - 04/09/03	Board - 04/14/03
Revised:	Ob/Gyn Department - 02/24/05	Executive Council - 03/09/05	Board - 03/14/05
Revised:	Ob/Gyn Department - 12/01/05	Executive Council - 01/11/06	Board - 01/16/06
Revised:	Ob/Gyn Department - 11/29/07	Executive Council - 02/13/08	Board - 02/18/08
Revised:	Ob/Gyn Department - 07/23/09	Executive Council - 11/11/09	Board - 11/16/09
Revised:	Ob/Gyn Department - 03/31/11	Executive Council - 04/13/11	Board - 04/25/11
Revised:	Ob/Gyn Department - 03/22/12	Executive Council - 05/09/12	Board - 05/21/12
Revised:	Ob/Gyn Department - 5/24/12	Executive Council - 06/13/12	Board - 06/25/12
Revised:	Ob/Gyn Department - 5/23/13	Executive Council - 06/12/13	Board - 06/24/13