



**DEPARTMENT OF SURGERY
RULES AND REGULATIONS - OB/GYN SECTION**

ARTICLE I. NAME AND AUTHORITY

The Ob/Gyn Section of the Department of Surgery is organized as specified in Article VI of the Bylaws of the Medical Staff of Banner Del E. Webb Medical Center.

ARTICLE II. ORGANIZATION OF THE OB/GYN SECTION

A. Membership

1. The Ob/Gyn Section shall include all members of the Medical Staff who have obstetrical and/or gynecological privileges in this Hospital.

B. Officers

1. The Ob/Gyn Section shall be directed by the OB/Gyn Section Chief or designate.
2. The Ob/Gyn Section Chief shall be elected for a two-year term.
3. The Ob/Gyn Section Chief shall be a member in good standing of the active Medical Staff.

C. Meetings and Attendance

1. The Ob/Gyn Section shall meet no less than quarterly.

ARTICLE III. THE OB/GYN SECTION CHIEF

A. Duties

1. The Ob/Gyn Section Chief shall attend Surgery Committee meetings, OB/Gyn Section meetings and Medical Executive Committee meetings.
2. The Ob/Gyn Section Chief shall assist the Department Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in the OB/Gyn Section.
3. The Ob/Gyn Section Chief shall assist the Department Chairperson in its biannual review of granting obstetrical and/or gynecological privileges.
4. The Ob/Gyn Section Chief shall be required to take part in regulatory and certification processes.
5. The Ob/Gyn Section Chief shall ensure timely ongoing assessment of the quality of care through routine quality review activities and investigation of referrals from the Chief of Surgery, members of the Medical Staff or Administration, or from the Director of Surgical Services. Routine quality review activities will include, but not be limited to, the following:
 - a. Joint Commission-required continuous review activities (invasive procedures review, medication usage evaluation, blood usage review, tissue review and medical records timeliness and clinical pertinence review);

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- b. other routine reviews of :
 - i. OB/Gyn procedures review (new procedures, new technology, high risk procedures and outcomes review);
 - ii. Management of labor (primary C-sections, repeat C-sections, total C-sections, vaginal births after C-Section (VBAC) and trial of labor success);
 - iii. Infection control;
 - iv. Risk management, including sentinel events;
 - v. Regulatory and accreditation results;
 - vi. Ethics considerations;
 - vii. Patient satisfaction feedback;
 - viii. Literature from the American College of Obstetrics & Gynecology's Women's Health Quality Assessment

ARTICLE IV. FUNCTIONS AND DUTIES OF THE OB/GYN SECTION

A. Section Responsibilities

1. The OB/Gyn Section shall be responsible for the general quality of all ancillary services requested of the obstetricians and gynecologists in which their specialized skills, training and experience are utilized.
2. The Ob/Gyn Section shall assist in the formulation and management in those areas of all Hospital policies and procedures, which relate to the services of obstetricians and gynecologists.

B. Member Responsibilities

1. Members of the Ob/Gyn Section shall follow the guidelines for infection control as approved by the Infection Control Committee.
2. Members of the Ob/Gyn Section shall be subject to reappointment as provided in Article 3 of the Medical Staff Rules and Regulations Policy Manual.
3. Members of the Ob/Gyn Section shall provide emergency coverage in a manner deemed necessary and/or appropriate by the OB/Gyn Section Chief.
4. All surgeons with unobserved gynecology and/or obstetrical privileges shall serve on the Gynecology and/or Obstetrical Emergency Department Call schedule.
5. Any surgeon on the Staff who is at least 60 years, with at least five years of service, may be exempt, upon request, from taking Emergency Department call.
6. Exemption from mandatory surgical call at Banner Del E. Webb Medical Center may be approved under the following circumstances:
 - a. If privileges granted are in a recognized subspecialty and/or less than the basic department/section privilege:
 - the requesting physician may not have higher level privileges at another facility and:
 - cannot take call at another facility unless that facility has a specific subspecialty call schedule for that category; OR
 - finds other physicians willing to accept the call rotation of the requesting surgeon. (In the event other physicians no longer cover the call rotation, the requesting physician must accept full call schedule coverage or voluntarily resign from the staff.)
 - b. Physicians practicing at Luke Air Force Base (LAFB) are exempt from surgical call coverage except for responding to ER call for the LAFB patients.

C. Standards for Care

1. The OB/Gyn Section is responsible for the establishment of one level of care and shall participate in definitive statements describing comprehensive clinical care; preoperative assessment, administration, intra-operative/intra-procedural monitoring, documentation, postoperative evaluation, recovery and discharge by practitioners with any/all levels of privileges.
 - a. Protocol will be developed with input and collaboration of the OB/Gyn Section and approved for use by any practitioner with OB/Gyn privileges.
 - b. The scope of privileges and one level of care will be monitored for compliance to credentialing and protocol criteria through the Medical Staff quality review activities.
 - i. Departments/Services will be responsible for ongoing process; OB/Gyn Section may be consulted or referred to for trends, exceptions, etc.
 - ii. OB/Gyn Section will be responsible to include all departmental practitioners within its quality review process.

ARTICLE V. DELINEATION OF PRIVILEGES AND OBSERVATIONS

A. Board Certification

1. All applicants to the OB/Gyn Section must be board certified in Obstetrics/Gynecology, or have been an "Active Candidate" for less than six years. Members of the Medical Staff who are "Active Candidates" at initial appointment must obtain board certification in Obstetrics/Gynecology within six years from the date of initial appointment to the Medical Staff. Physicians who do not obtain board certification in the specified time period will voluntarily resign their membership and privileges.
2. Documentation of continuing Board Certification in Obstetrics/Gynecology is required to maintain membership and privileges on the Medical Staff.
3. Practitioners who complete an accredited residency but are unable to establish eligibility to take the exam for Board Certification, may be eligible to be appointed to the medical staff for a period of time not to exceed six months if:
 - the Medical Staff Department is able to confirm with the program director that the applicant has met all of the requirements of the program to be able to apply for board status, or
 - if the practitioner is able to confirm that he/she is eligible to sit for the board certification exam and can produce documentation from the respective board.

It is the responsibility of the practitioner to provide evidence of board status to the Medical Staff Services Department. If the appropriate board status is not achieved within six months, the practitioner will have been deemed to have voluntarily resigned from the staff.

B. Obstetrical Privileges

1. Each attending physician practicing in the Obstetrical Department of the Hospital shall designate an acceptable alternate who shall be called for delivery of a patient in the event the attending physician cannot be reached or cannot reach the delivery room within the adequate time limit. It is further understood that in the event the attending physician or his alternate are unable to reach the delivery room before the delivery is anticipated, the

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nearest available member of the Medical Staff shall be requested to enter the delivery room and participate in the delivery.

2. Physicians requesting obstetrical privileges should be able to respond within 30 minutes in case of obstetrical emergencies.

C. Gynecological Privileges

1. Privileges for Primary Laparoscopic Procedures (including tubal ligation, salpingectomy, oophorectomy, laparoscopic assisted vaginal hysterectomy, lysis of adhesions and fulguration of endometriosis):
 - a. The proposed applicant shall provide evidence of completion of an approved residency in Obstetrics/Gynecology.
 - b. If the applicant has completed his/her residency in Obstetrics/Gynecology prior to the year 1990, the applicant shall provide evidence of having completed an appropriate continuing medical education course in laparoscopic surgery, including hands-on training.
 - c. If the applicant is unable to provide evidence of having successfully completed an appropriate CME course as stated in b. above, then the applicant shall provide evidence of having performed at least fifteen (15) laparoscopic procedures.
2. Privileges for Advanced Laparoscopic Procedures
 - a. Advanced Gynecological Laparoscopic Procedures requiring additional training include but are not limited to:
 - i. Vaginal suspension procedures
 - ii. Retropubic suspension
 - iii. Lymphadenectomy
 - c. The proposed applicant shall provide evidence of completion of an approved residency in Gynecological Surgery, and shall have demonstrated competence and expertise in the performance of abdominal surgery and have attained primary laparoscopic privileges in Gynecological Surgery.
 - d. The applicant shall have completed an appropriate continuing medical education course in advanced laparoscopic, including hands-on training or satisfactory residency training. If the applicant claims to have had sufficient experience in advanced laparoscopic procedures to obviate the necessity of the course, then the applicant shall provide evidence of having performed at least fifteen (15) advanced laparoscopic procedures as a surgeon at other institutions in lieu of a formal hands-on course in advanced laparoscopic procedures.
3. Privileges for Urethral Sling Procedures
 - a. The applicant shall provide documentation of completion of an appropriate continuing medical education course or satisfactory residency training in urethral sling procedures.
4. Privileges for Vaginal Prolapse Sling Procedures
 - a. The applicant shall provide documentation of completion of an appropriate

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continuing medical education course or satisfactory residency training in vaginal prolapse sling procedures.

5. Privileges for Sacral Nerve Stimulation
 - a. Practitioner must provide documented proof (certificate) of having completed a course in Sacral Nerve Stimulation procedures.
 - b. The first two "stage two" procedures will be observed by a physician representative of the Company through which the practitioner was trained OR by another member of the Medical Staff who has unrestricted sacral nerve stimulation privileges.
 - c. If the requesting practitioner can provide evidence of having previously had at least two procedures observed at another facility, the requirement under "b" above will be waived.

6. Privilege for pelvic floor reconstruction using any synthetic mesh or biologic graft product systems.
 - a. The applicants shall provide documentation of completion of the company sponsored training program; AND
 - b. Applicant must be observed by a surgeon competent in pelvic floor reconstruction for a minimum of three (3) cases.
 - c. Following completion of 10 cases, unassisted and without untoward effects, the surgeon may proctor others.
 - d. If applicant can provide documentation of three observations from another facility, observation requirements in b. above should be waived.
 - e. Any practitioners holding pelvic floor reconstruction privileges using kits prior to June 2007 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

7. Other Miscellaneous Special Procedures
 - a. Requests for microsurgery, complicated repair of recto-vaginal fistula, complicated repair of vesico-vaginal fistula and surgical treatment of conditions or diseases of the mammary glands will require documentation of adequate training or experience.

 - b. Requests for gynecology/oncology privileges (i.e. radical hysterectomy with or without nodes, radical vulvectomy with node dissection) will require specific training or experience in gynecology/oncology.

C. Observations

1. Observed cases may be required at Banner Del E. Webb Medical Center if necessary in the opinion of the Department Chairperson or Section Chief to (1) establish the necessary extent of privileges to be granted, or (2) if deemed necessary on reapplication when records indicate low level of clinical activity on the part of a particular OB/Gyn Practitioner, or (3) whenever the Department Chairperson or Section Chief concludes, in his or her discretion, there is a concern about the OB/Gyn Practitioner's ability to perform a procedure, or (4) when concerns about quality of care have been raised in the application or reapplication process. Such observation is in the interest of patient safety, is neither punitive nor disciplinary, does not restrict practice and, therefore, is not reviewable and not reportable to the OB/Gyn Practitioner's respective licensing Board.

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2. Should the Department Chairperson or Section Chief impose observation, the observed physician shall not utilize the same observer for all cases.
3. An observer shall be with the observed physician during each procedure. Observers will complete an observation report for each procedure observed. The Chief of Surgery and Section Chief will review the observation reports and use for assessment. If an observer believes that an observed physician is performing in a manner that will result in imminent harm to the patient, the observer will immediately relieve the observed physician and assume the responsibility for care of the patient. The Section Chief, the Chief of Surgery and the CEO will be immediately notified of this matter.

APPROVED: OB/Gyn Section – 7/01
Dept. of Surgery – 7/01
Medical Executive Committee – 9/01
Operating Board – 9/01

REVISED: OB/Gyn Section – 3/02
Dept. of Surgery – 5/02
Medical Executive Committee – 6/02
Operating Board – 6/02

REVISED: OB/Gyn Section – 8/02
Dept. of Surgery – 9/02
Medical Executive Committee – 9/02
Operating Board – 9/02

REVISED: OB/Gyn Section – 8/02
Dept. of Surgery – 9/02
Medical Executive Committee – 10/02
Operating Board – 10/02

REVISED: OB/Gyn Section – 6/03
Surgery Committee – 10/03
Dept. of Surgery – 12/03
Medical Executive Committee – 1/04
Operating Board – 1/04

REVISED: Surgery Committee – 1/04
Dept. of Surgery – 3/04
Medical Executive Committee – 4/04
Operating Board – 4/04

REVISED: OB/Gyn Section – 10/04
Surgery Committee – 11/04
Dept. of Surgery – 12/04
Medical Executive Committee – 1/05
Operating Board – 1/05

REVISED: OB/Gyn Section – 2/05
Surgery Committee – 4/05
Dept. of Surgery – 6/05
Medical Executive Committee – 7/05
Operating Board – 7/05

REVISED: OB/Gyn Section – 6/14/07
Surgery Committee – 8/1/07
Dept. of Surgery – 9/5/07
Medical Executive Committee – 10/1/07
Operating Board – 10/17/07

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REVIEWED: OB/Gyn Section – 10/07
Surgery Committee – 11/07
Dept. of Surgery – 12/07
Medical Executive Committee – 1/08
Operating Board – 1/08

REVISED: OB/Gyn Section – 12/13/07
Surgery Committee – 2/6/08
Dept. of Surgery – 3/5/08
Medical Executive Committee – 4/7/08
Operating Board – 4/16/08