



# Banner Good Samaritan Medical Center

Phoenix, Arizona

## **Department of Obstetrics and Gynecology**

### Rules and Regulations

#### **1. General Information**

The information contained herein complements the Medical Staff Bylaws of Banner Good Samaritan Medical Center. The Department of Obstetrics and Gynecology (OB/GYN) shall consist of those physicians granted membership to that Department. (Allied Health Professionals cannot be members of the Medical Staff.) There will be an Ob/Gyn Committee consisting of certain Department members and related persons, as listed below. There will be an appointed, full time Chairman of the Department, an elected Chairman of the OB/GYN Committee who shall be referred to as the Chief of Service and an elected Vice Chief of Service, who in conjunction with the Ob/Gyn Committee will be responsible for overseeing and managing all matters relating to the Department. The Chief and Vice Chief of Service are elected positions. The Chairman of the Department will be a position appointed jointly by Administration and the Ob/Gyn Committee. A contractual relationship will exist between the appointed Chairman and Administration. This contract can be periodically reviewed by the Ob/Gyn Committee. The Department of Ob/Gyn will hold open general Department meetings at least annually where matters related to the Department will be discussed.

#### **2. Sections of the Department**

There will be four sections of the Department of Ob/Gyn; Maternal/Fetal Medicine, Gyn Oncology, Reproductive Endocrinology and Urogynecology, corresponding to the recognized sub-specialties of the American Board of Ob/Gyn. The Director of each Section will be recommended by the Chairman of the Department and must be approved by the Ob/Gyn Committee. The Directors will answer directly to the Chairman of the Department and will report Section activity periodically to the Ob/Gyn Committee. Changes in section policy and directorship will be the responsibility of the Chairman of the Department and must be approved by the Ob/Gyn Committee.

#### **3. Officers**

##### A. Chief Of Service (Elected Chairman OB/GYN Committee)

The Chief of Service will be an elected position. Any active member of the Department is eligible to serve. The term of this office is for 2 years and the election is by the majority of the votes cast from active staff.

Responsibilities of the Chief of Service are:

1. Chair the Ob/Gyn Committee Meetings.
2. Represent the Department on the Hospital Executive Committee or delegate to the Chairman of the Department.
3. Be responsible for recommendations regarding the credentialing of physicians within the Department and corrective action of already credentialed physicians according to the Medical Staff Bylaws.
4. Assume responsibility for all the duties assigned to the elected Chairman of the Department as listed in the Hospital Bylaws.
5. Work closely with the Chairman of the Department on all the professional and administrative activities within the Department and assure the Chairman's activities (either assigned or delegated) are in keeping with the policies of the Ob/Gyn Committee.

B. Vice Chief of Service

The Vice Chief of Service will be an elected position. Any Active member of the Department is eligible to serve. The term of this office is for 2 years and the election is by the majority of the votes cast.

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Responsibilities of the Vice Chief of Service are:

1. Act in place of the Chief of Service in his/her absence.
2. Chair the Ob/Gyn Patient Care Peer Review Subcommittee.
3. Recommend Department members to serve on the Patient Care Peer Review Subcommittee in conjunction with the Chief of Service.
4. Appoint eligible staff physicians to act as peer reviewers.

### **4. Nominating Committee**

The Nominating Committee shall consist of the current Chief of Service, the immediate past Chief of Service, the Chairman of the Department, the Vice Chief of Service and other invited members. This committee's responsibility is to nominate new officers and committee members for election.

### **5. Ob/Gyn Committee Meetings**

The Ob/Gyn Committee is intended to be a working committee, with representation from the various segments of the Department. The responsibilities of this Committee are to act upon all items relevant to the Department, to set Department policy and to work towards appropriate and quality patient care. The Ob/Gyn Committee will meet monthly. Election of officers and election of members-at-large will be staggered alternating years. Voting members of the Committee are designated below. When the Committee convenes into Executive Session, only attending physician members, the Chief Resident and appropriate Administrative personnel will remain, and of those, only attending physicians have a vote. The Chief of Service may include other persons at the Executive Session at his/her discretion. Members of the Ob/Gyn Committee will include:

Chief of Service

Vice Chief of Service

At least Two At-Large, Elected Members

At least One At-Large, Appointed Member

Immediate Past Chief of Service

Department Chairman

A Representative From:

Neonatology (Ex-Officio)

Directors of Each Section (Ex-Officio)

Director of Ob Anesthesia (Ex-Officio)

Chief Administrative Resident (Ex-Officio)

Associate Director, Administration (or designee)

Director, Women & Infants Service

Senior Clinical Managers, Women & Infants Service

All recommendations for Committee members must be approved by the Chief of Staff and the Executive Committee.

### **6. Responsibilities of the appointed, full time Department Chairman**

- A. Select qualified residents in conformity with Accreditation Council for Graduate Medical Education and National Resident Matching Programs standards and in keeping with the educational and training capacity of the medical center.
- B. Structure for the residency in obstetrics and gynecology incorporating a progressive clinical experience enabling greater and more important responsibilities over the years of training, in accordance with the requirements for an approved residency as published by the Resident Review Committee (RRC) in Obstetrics and Gynecology and the Accreditation Council for Graduate Medical Education.

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- C. Ensure the provision of sufficient didactic instruction in both the basic sciences and clinical disciplines.
- D. Develop and implement a strategy for maximum clinical utilization of available patient resources throughout the Department towards the goal of the best possible educational experience for the residents and in keeping with the highest possible standards of patient care. To balance the primarily educational role of the residents with the service needs of the medical center and special interest groups within the medical center.
- E. Maintain order and discipline within the Department and the Residency Program.
- F. Operate a workable system of periodic evaluations for each resident's progress, including formal examinations and other valid criteria in accordance with the RRC.
- G. Maintain and encourage the capability to conduct and support research within the Department and supervise the resident's participation in such activities.
- H. Cooperate with other residency directors in the medical center to maintain sufficiently high standards to support the number and variety of residency programs necessary to maintain the status of the medical center as a teaching institution.
- I. Create, monitor and manage the budget for all department related activities including those of The Women's Center. Participate with Administration in the budget process of all cost centers involving the Ob/Gyn Department.
- J. Select the Associate Director of the residency and the associate directors of the Department in the areas of Maternal/Fetal Medicine, Gyn Oncology, Reproductive Endocrinology, Urogynecology and Ob Anesthesia (in conjunction with the Department of Anesthesia), as they become vacant or develop, subject to the approval of the Ob/Gyn Committee. The Chairman of the Department will work with Administration in the development of these employment contracts.
- K. Be involved in appropriate planning committee of the medical center as the representative of the Ob/Gyn Department and also participate in other medical center functions as necessary.
- L. Conduct general Department meetings at least annually.

If delegated by the Chief of Service and in cooperation with the Ob/Gyn Committee, the Department Chairman will:

- Recommend to the medical staff the criteria for clinical privileges in the Department and conduct continuing surveillance of the performance of all individuals who have delineated clinical privileges in the Department.
- Recommend clinical privileges for each member of the Department.
- Assure that the quality and appropriateness of patient care provided within the Department are monitored and evaluated.
- Be responsible for assuring that the Ob/Gyn Department conforms to the hospital bylaws and the JCAHO regulations.
- Evaluate applicants to the Department and make recommendations to the Ob/Gyn Committee.

On a regular basis, the Department Chairman will keep the Ob/Gyn Department members and the Ob/Gyn Committee informed of all activities of the Department and Residency. In addition, as Department Chairman, this individual will work closely with the Ob/Gyn Committee and the Chief of Service on all Department matters. The Department Chairman will be directly responsible to the Director of Medical Education and Chief Academic Officer and will be accountable to her/him for all aspects of the Residency.

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### **7. Removal of Chairman of the Department, Chief of Service or Vice Chief of Service**

Removal of an elected or appointed Department officer may be initiated by a petition signed by at least 25 of the Active staff members of the Department. Such vote shall occur by written ballot conducted in the same manner as that used in the election of Department officers. Removal shall require a simple majority of the Active staff members of the Department. Removal of Chairman of the Department may be initiated either by petition signed by at least 25 Active staff members of the Department or directed by the Ob/Gyn Committee. The Ob/Gyn Committee then conducts a vote of confidence. If the Chairman does not receive a majority vote of confidence by the committee, then the Committee will request that Administration terminate the individual's contract according to its provisions.

### **8. Application for Privileges**

- A. Physicians applying for Ob/Gyn Departmental membership will apply to the hospital medical staff as prescribed in the bylaws, submitting required data and completing a delineation of privileges form. Membership and privileges requires a current and accessible e-mail address.
- B. The applicant's credentials will be reviewed by the Credentials Committee and if found to be in satisfactory order will be submitted to the Ob/Gyn Committee for review. A physician requesting membership in the Department of Ob/Gyn must be an active candidate of the American Board of Obstetrics and Gynecology or the American Osteopathic Board\_of OB/GYN or be certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board\_of OB/GYN. Active candidate, for this purpose, is defined as an individual who has passed the written examination or currently has applied to take the written examination. The term "board-eligible" is no longer utilized. If the physician does not obtain certification or loses certification, privileges in Ob/Gyn will be terminated. (This rule pertains to applicants applying after August 1987).
- C. A physician requesting membership in the Department of Ob/Gyn must maintain board certification (This rule pertains to applicants applying as of January 1, 1997).
- D. After reviewing the applicant's credentials, the Ob/Gyn Committee will recommend to the Executive Committee that privileges be granted as indicated. A physician may request obstetrical privileges only or gynecology privileges only and may be granted obstetrical and gynecological privileges separately. Requests for privileges to perform special procedures such as radical cancer surgery, in-vitro fertilization, etc., will be considered individually and documentation of training and experience may be required. Newly developed operative procedures will require individual consideration and approval by the Ob/Gyn Committee.
- E. Physicians absent from practice for one year or more will be obligated to have an associate scrub into the first case. Last, requests for temporary privileges for physicians absent from practice for one year or more require review by either the Ob/Gyn Committee or by at least three Members of the Ob/Gyn Committee.
- F. Physicians new to the Ob/Gyn Staff of BGSMC will have one year provisional period for observation of clinical competency. At the end of this 12 month period there will be review of clinical activity by the Chairman and the Ob/Gyn Committee who will determine a change in status from provisional to Associate or Active. If at the end of this 12 month period there is insufficient clinical experience for the Ob/Gyn Committee to make a determination, the physician will be placed on Inactive status.

- G. Consulting staff category does NOT apply to the Department of Obstetrics and Gynecology.
- H. Membership on the Honorary staff is by invitation and is restricted to staff members for whom, upon retirement from practice, the Executive Committee recommends and the Board approves this status in recognition of long-standing service to the Medical Center or other noteworthy contributions to its activities. Prerogatives are described in the Medical Staff Bylaws.

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At any time during the provisional period the Ob/Gyn Committee has the option to modify its requirements in an attempt to further evaluate clinical competency of the physician.

#### 1. Non-Gyn Privileges for Members of the Ob/Gyn Department

Members of the Ob/Gyn Staff desiring privileges outside Ob/Gyn procedures must make their request to the corresponding Department.

#### 2. Ob/Gyn Privileges for Members of Other Departments

a. Family Practitioners outside of the BGSMC family medicine department requesting Ob/Gyn privileges must first meet the requirements of the Family Practice Department. The applicant must then demonstrate adequate training in Obstetrics and Gynecology, specifically, the procedures for which application is being made. A letter from the physician's training program director documenting the number and type of Ob/Gyn procedures performed by the applicant must also be provided.

b. Family Practitioners with Obstetrical privileges will be required to obtain an Obstetrical Consultation for:

- 1. All forceps deliveries
- 2. Multiple gestations
- 3. Presentations other than cephalic
- 4. Previous C-section with vaginal birth anticipated
- 5. Fourth degree laceration repairs
- 6. Augmentation and induction of labor
- 7. Suppression of premature labor
- 8. Any other condition that puts the mother or fetus at additional risk.

c. General surgeons requesting GYN privileges must first meet the requirements of the Surgery Department, and the Ob/Gyn Committee must receive a recommendation from the Surgery Department supporting the applicants request for specific GYN privileges. The applicant must then demonstrate adequate training in, and performance of, each requested procedure.

#### 3. Emergency Room Patients Without an Attending Physician

An Ob/Gyn patient in the Emergency Center who has no attending physician, will be evaluated by the Emergency physician, who decides if consultation is appropriate. If a Resident evaluates the patient, the Chief Resident will then assess the need for admission or other action. The Chief Resident will then consult with an attending physician. If the patient is to be admitted, this attending physician will have the option to admit the patient to his/her private practice. This option will be exercised only at the initial point in the evaluation to assure continuity of care. If the attending physician declines, the Ob/Gyn house officers will assume the responsibility for patients who will be treated medically as a current Clinic Ob/Gyn patient. (From administrative, clerical and financial standpoints, however, they will be identified separately by an administrative method.)

## 9. Daily Documentation

Information regarding progress notes is outlined in the BGSMD Rules and Regulations.

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## 10. Subcommittees

OB/GYN Patient Care Peer Review Subcommittee is chaired by the Vice Chief of Service and meets at least monthly to evaluate patient care, review medical management of care referred by physician reviewers, analyze aggregate findings of the medical staff monitoring program, refer quality issues to the department, and make recommendations as necessary to improve patient care. Subcommittee members will be appointed by the OB/GYN Department Chairman, the Chief of Service and the Vice Chief of Service.

The OB/GYN Patient Care Peer Review Subcommittee forwards its recommendations to the OB/GYN Committee.

## 11. Criteria for Teaching Privileges

- a. Clinical faculty must be members in good standing of the medical staff and have unsupervised privileges.
- b. After excellence in patient care, education of the house staff is a primary objective.
- c. Clinical faculty are expected to demonstrate a high degree of professionalism, in-depth knowledge, critical thinking, compassion, cost effective patient care and willingness to teach.
- d. Clinical faculty are expected to communicate appropriately with house staff regarding admissions, diagnosis, evaluation, management and discharge of their patients.
- e. Clinical faculty are expected to write meaningful progress notes, in addition to those written by the house staff, while maintaining primary responsibility for patient care.
- f. Clinical faculty are expected to participate in the department conferences and educational programs.
- g. Failure to maintain a high standard of patient care, or abide by these department rules and regulations, may result in a loss of resident coverage, except in emergency situations.
- h. Clinical faculty are expected to be available to assist or supervise a resident in patient emergencies and if no other faculty physician is immediately available.

**Revised:**

12/91  
4/93  
9/95

**Revised:**

Ob/Gyn Committee: 9-18-96  
Executive Committee: 11-25-96  
Board of Directors: 12-10-96

**Revised:**

Ob/Gyn Committee: 2-19-97  
Executive Committee: 2-24-97  
Board of Directors: 3-11-97

**Revised:**

Ob/Gyn Committee: 7-15-98  
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Board of Directors: 9-15-98

**Revised:**

Ob/Gyn Committee: 10-20-99  
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**Revised:**

Ob/Gyn Committee: 2-16-00  
Executive Committee: 2-28-00  
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Ob/Gyn Committee: 6-21-00  
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Board of Directors: 7-18-00

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