

Department of Obstetrics and Gynecology

Rules and Regulations

ARTICLE I Organization

- 1.1 The Department of Obstetrics & Gynecology will include physicians granted privileges in the following:
 - a) Obstetrics
 - b) Gynecology
 - c) Maternal & Fetal Medicine
 - d) Gynecology Oncology
 - e) Reproductive Endocrinology

ARTICLE II <u>Authority, Duties, and Responsibilities</u>

- 2.1 The Chair's authority, duties and responsibilities are outlined in Section 8.5-5 of the Medical Staff Bylaws. The qualifications, selection, term of office and removal of the Chair are outlined in Sections 8.5-1 through 8.5-4 of the Medical Staff Bylaws.
- 2.2 The Chair of the Department shall appoint a Vice-Chair of the Department.
- 2.3 The Vice-Chair will be responsible for administration of the Department in the absence of the Chair.
- 2.4 The Chair's election will be approved by the Medical Executive Committee.
- 2.5 The Department Chair, or his/her designee, shall insure timely ongoing assessment of the quality of care (OPPE) through; routing quality review activities and investigations of referrals from members of the Medical Staff or Administration or from the appropriate Department Director(s). Routine quality review activities will include, but not limited to, the following:
 - a. Invasive procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review;
 - b. other routine reviews of anesthesia-related issues including:
 - 1. complications;
 - 2. mortality;
 - 3. infection control;
 - 4. risk management, including sentinel events;
 - 5. comparative outcome data;
 - 6. regulatory and accreditation results
 - 7. ethics considerations
 - 8. patient satisfaction feedback

ARTICLE III Meetings

- 3.1 The Chair shall invite members of the Department of Obstetrics & Gynecology who are in the Active and Associate categories to attend the Department of Obstetrics & Gynecology meeting.
- 3.2 The presence of two (2) voting members of the department shall constitute a quorum.
- A majority of the Active and Associate staff that are in attendance at the Department of Obstetrics & Gynecology meeting may approve actions.

ARTICLE IV Emergency Room Call

- 4.1 Unassigned patient call coverage for obstetrics and emergent gynecological services will be provided 24/7 by the Medical Center through exclusive arrangement.
- 4.2 ER Call is voluntary for physicians age 55 and over as long as all days are covered.

ARTICLE V Admission of Obstetrical Patients

- If the patient has an obstetrical problem at any gestational age (vaginal bleeding, SAB, hyperemesis, etc.), the OB physician must be the admitting physician.
- An obstetrical patient less than 20 weeks gestation with a non-obstetrical problem will be admitted by the medical hospitalist. OB physician may be consulted if needed.
- An obstetrical patient greater than 20 weeks gestation with non-obstetrical problem will be admitted by an obstetrician. In this case, the obstetrician may request medical hospitalist or subspecialty consultation for general medical conditions.
- 5.4 When an obstetrical patient is admitted to the ICU, she will be admitted to the intensivist.
- When released from the ICU to the floor, if the patient is greater than 20 weeks and her primary problem is not directly OB related, the obstetrician will be the attending physician, with the medical hospitalist consulted if needed. If she is less than 20 weeks gestation, the medical hospitalist will be the attending physician with the OB physician consulted.

The above does not prohibit obstetrician from directly admitting at any gestational age regardless of specific condition.

Banner Health Board: 1/12/05; 3/17/05; 3/16/06; 3/15/07; 10/18/07; 2/14/08; 4/10/08; 3/10/10;

9/9/10; 2/9/12; 6/14/12; 8/14/14

REVISED: Dept of OB/Gyn: 01/21/16

MEC: 2/3/16 Board: 2/11/16