

# **CARROLL HOSPITAL CENTER**

## **DEPARTMENT OB/GYN RULES AND REGULATIONS**

### **SECTION I. QUALIFICATIONS OF MEMBERSHIP**

- A. Members must fulfill the following criteria:
1. Satisfy the requirements for membership on the medical staff of the Carroll Hospital Center.
  2. Be Board certified or eligible to sit for the Board examination in accordance with the standards of the appropriate professional board: the American Board of Obstetrics and Gynecology, the American Osteopathic Board of Obstetrics and Gynecology, the American Midwifery Certification Board, the American Nurses Credentialing Center for Nurse Practitioners or the National Commission on Certification of Physician Assistants.

### **SECTION II. DELINEATION OF PRIVILEGES**

- A. Applicants for membership in the Department of Obstetrics and Gynecology will submit with their application for staff privileges, a list of obstetrical and/or gynecological procedures the applicant plans to perform. The Chief of the department will review this for approval.
- B. The lists of procedures of all members of the Department of Obstetrics and Gynecology on file will be updated every two years and all additions or changes will be reviewed according to the formula set forth in the above paragraph.
- C. Voting Privileges: Department members shall have voting rights as stated in the Bylaws of the Medical Staff of Carroll Hospital Center.

### **SECTION III. QUALIFICATIONS, SELECTION AND TENURE OF THE CHIEF OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

- A. The Chief of the Department shall be a member of the Active or Senior Medical Staff of the Carroll Hospital Center, and the Department of Obstetrics and Gynecology for at least one year. The Chief of the Department shall be appointed by the hospital administration in collaboration with the contract groups.
- B. Removal of the Chief of the Department may be initiated by: (1) a 60% majority vote of no confidence by all Active, Probationary and Senior members of the department, or (2) request by the Board of Directors, or (3) hospital administration.

### **SECTION IV. FUNCTIONS OF THE CHIEF**

1. Be accountable for all professional activities within the department.
2. Be a member of the Executive Committee of the Medical Staff, giving guidance on the overall medical policies of the hospital and make specific recommendations and suggestions regarding his or her own department in order to assure quality patient care.

3. Maintain initial and continuing reviews of the professional performance of all practitioners with clinical privileges in this department (FPPEs and OPPEs). These will be reviewed by the chief at least twice a year and individual members shall be apprised of their individual metrics at least annually. The FPPEs and OPPEs will be maintained and reported in a manner directed by the VPMA.
4. Be responsible for enforcement of the Hospital Bylaws and of the Medical Staff Bylaws, Rules and Regulations within his or her department.
5. Be responsible for implementation within his or her department of actions taken by the Executive Committee of the medical staff.
6. Transmit to the Executive Committee his or her department's recommendations concerning staff classifications, appointments, and the delineation of clinical privileges for all practitioners in his or her department.
7. Be called upon for recommendations to the Credentials Committee relative to new appointments to the Department.
8. Maintain a file of all correspondence pertaining to the Department of Obstetrics and Gynecology.

The Chief of OB/GYN will collaborate with officers including the Vice President of Medical Affairs, Executive Director of Women's, Children's and Surgical Services, the Clinical Manager of Family Birthplace and Pediatrics, and the Clinical Manager of OR, PACU, and Peri-Operative Services. Administrative functions will include:

1. Medico-administrative oversight of the medical staff's utilization of the Operating Suites, Labor & Delivery Suite, Post Partum Unit, OB/GYN Outpatient Services, Women's Services, OB/GYN Emergency Care and other defined OB & Gynecological Areas
2. Administration of medical staff policies and procedures (including Bylaws) related to the use of the Operating Suites and other defined OB/GYN Services
3. Recommends new programs and services in support of hospital and medical staff goals as pertain to obstetrical and gynecological services
4. Expedites problem resolution/conflict resolution with the hospital departments impacting OB/GYN services and care
5. Fosters effective interdepartmental coordination between medical staff services
6. Effectively cooperates with medical staff and hospital personnel to ensure quality of services and meet hospital, medical staff and community expectations
7. Collaborates and consults regularly with the Vice President of Medical Affairs to resolve problems, reduce inefficiencies, and enact or change policies within the confines of hospital and medical staff bylaws.

8. Assist in the preparation of such annual reports including budget type planning pertaining to his or her department as may be required by the Executive Committee, the Chief Executive Officer or the Governing Body.

**SECTION V. THE VICE CHIEF OF OBSTETRICS AND GYNECOLOGY**

- A. The Vice Chief shall be appointed by hospital administration. The Vice Chief shall be the acting Head of the Department in the absence of the Chief. The Vice Chief shall aid the Chief of the Department in maintaining the continuity of performance in running the department. It is desirable that the vice chief be a contracted employee of another entity than the chief, provided there are more than one contracted entities in the department providing clinical services.
- B. In the event the Vice Chief of Obstetrics and Gynecology is absent at the same time that the Chief is absent, then the President of the Medical Staff shall assume the responsibilities of the Chief of OB/GYN.
- C. In the event of either removal or resignation of the Vice Chief will immediately become the temporary Chief of the department a new chief is appointed.

**SECTION VI. FUNCTIONS OF THE DEPARTMENT**

- A. The Department shall meet periodically, to discuss the clinical activities of the department. There will be a minimum of four (4) departmental meetings each year.
- B. Special meetings may be called by or at the request of the Chief of the Department, by the President of the Medical Staff, or by 1/3 (one third) of the members of the Department, but no less than two members.
- C. Notice of meetings shall be given to each member not less than seven (7) days before the time of each meeting.
- D. Quorum – Three Active members shall constitute a quorum at any meeting.
- E. Minutes of each regular and special meeting of a committee or department shall be prepared and shall include a record of the attendance of the members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be submitted to the attendees. The department shall maintain a permanent file of the minutes of each meeting.

**SECTION VII. QUALITY IMPROVEMENT FUNCTIONS OF THE DEPARTMENT**

- A. The Department of OB/GYN shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.

- B. Participation in the process shall be defined as:
1. Members will participate in the quality review process as requested by the Chief, Vice Chief, President of the Hospital, Vice President of Medical Affairs, or the Director of Performance Improvement.
  2. Criteria for specific Department of OB/GYN reviews will be determined periodically as directed by the Medical Staff Quality process and submitted to the Medical Executive Committee.
  3. Tracking and trending information will be reviewed regularly by the Chief and individual physicians as directed through the medical staff quality process, and
  4. Individual data will be included in the data reported to the medical staff office for reappointment as required by that process.

**SECTION VIII. GENERAL RULES REGARDING OBSTETRICAL & GYNECOLOGICAL CARE**

- A. Any patient admitted by a member of the department will be entered on the service regardless of the patient's age.
- B. Each patient must have a history and physical examination note attached to the hospital chart within 12 hours of admission. In case of surgery, this note should be on the chart prior to entering the operating room. This record must be compatible with the standards of The Joint Commission in regard to such records.

All patients admitted to the hospital must be seen by a practitioner prior to discharge.

- C. Requirements Prior to Anesthesia and Operation
1. The chart must contain a record of an acceptable history and physical examination, according to the standards of The Joint Commission, prior to the time the patient receives his preoperative medication.
  2. The routine laboratory test results must be available on the charts including a hemoglobin, hematocrit and urinalysis done within 72 hours of the contemplated surgical procedures.
  3. A written, signed, informed, surgical consent shall be obtained prior to the operative procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor or unconscious patient in which consent for surgery cannot be immediately obtained from parents, guardian or next of kin, these circumstances should be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency operative procedure is undertaken, if time permits. Should a second operation be required during the patient's stay in the hospital, a second consent, specifically worded, should be obtained. If two or more specific procedures are to be carried out at the


same time and this is known in advance, they may all be described and consented too on the same form.

4. No patient may be taken to the Surgical Suite without these requirements being fulfilled, the Charge nurse being the person responsible for execution by the attending of these regulations.
  5. In emergencies, the practitioner shall make at least a comprehensive note regarding the patient's condition prior to induction of anesthesia and start of surgery, if the formal fulfillment of above requirements would constitute a danger to the patient's life or chance for survival.
  6. Tissues removed at the time of the operation shall be sent to the hospital Pathologist who shall make such examinations as he may consider necessary to arrive at a tissue diagnosis. His authenticated report shall be made a part of the patient's medical record.
- D. When a surgery is taking place and the surgeon or his assistant is called away, the patient cannot be left unattended at any time. Either the surgeon or his assistant must be in attendance until the case is completed.

**SECTION IX.**

Any changes or amendment to the Rules and Regulations requires the approval of two-thirds of the members present of the Department at one of the regular departmental meetings.


**Approved by:**

  
DANIEL KIRSCH, M.D.  
Chief, Department of OB/GYN

Date: 1/30/2019

  
SARAH LENTZ, M.D.  
President, Medical Staff

Date: 2/14/2019

  
JEFFREY A. WOTHERS  
Chair, Board of Directors

Date: 4/2/2019

Revised:

02/1/2001, 09/05/2003, 12/23, 2003, 2009, 2011, 2012, 2014, 2015, 2016, 2019