

Huntington Hospital

**Obstetrics & Gynecology
Department
Rules and Regulations**



October 2015

Huntington Memorial Hospital
Department of Obstetrics & Gynecology
Rules and Regulations
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HUNTINGTON MEMORIAL HOSPITAL
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
RULES AND REGULATIONS

1.0 SCOPE OF CARE

The Department of Obstetrics and Gynecology provides obstetrical and gynecologic services (including, but not limited to, infertility and gynecologic oncology services) for inpatient and outpatient women aged adolescent through geriatric. These services are provided 24 hours per day, seven days per week.

- 1.1 The Obstetrical inpatient service consists of Labor and Delivery, the Postpartum Unit, and the Perinatal High Risk Unit.
- 1.2 Surgery Services are provided in the Operating Room and in the thirty-two (32) bed surgical unit in the East Tower.
- 1.3 Patient care is rendered by physicians who meet the criteria defined in Section 3.2-1 of the Medical Staff Bylaws. In addition, patient care is rendered by licensed professional staff, including, but not limited to, registered nurses, social workers, respiratory therapists, dietitians, and pharmacists. Support services are provided by Patient Care Associates (PCA), Patient Care Associates/Scrub Technicians (PCA/ST), Unit Secretaries (US), Revenue Audit Clerks and Administrative Assistants. *(Revised 4/24/03)*
- 1.4 Leadership responsibility resides with the Chair of the Department of Obstetrics and Gynecology.

2.0 STAFF ORGANIZATION AND STAFF REQUIREMENTS

2.1 Definition of Department

The Department of Obstetrics and Gynecology shall be organized as a Department of the Medical Staff, as defined in the Medical Staff Bylaws, Chapter 11. The membership shall consist of medical staff members who limit their practice to Obstetrics and/or Gynecology and are qualified by training and demonstrated clinical competence.

2.2 Duties of Department

The duties of the Department shall be as outlined in the General Medical Staff Rules and Regulations §7.7.

2.3 Meetings

The Department shall meet as often as necessary at the call of the Chair, but at least quarterly. The Chair of the department may, at his/her discretion, appoint any special or sub-committee necessary to properly fulfill

the duties and responsibilities of the department. A permanent record of the proceedings of department meetings shall be maintained and reported to the medical executive committee. Issues important to the Medical Staff shall be submitted to a mail ballot, if there is doubt about a quorum.

2.4 Officers and the Election Process

The Department shall have a duly-elected Chair and Chair Elect. The Chair and the Chair Elect shall be members of the active staff and shall be Board Certified by the American Board of Obstetricians and Gynecologists. The Chair shall be elected for one two-year term. The Chair may run for re-election for further term(s). This term(s) would begin following the term of the Chair Elect. The Chair Elect shall automatically succeed the Chair. The Chair and Chair Elect shall be elected by the Active Staff members of the Department, as provided for in Chapter 11.5 of the Medical Staff Bylaws. *(Revised 9/23/10)*

2.5 Duties of the Chair

The duties of the Department Chair are outlined in §11.1-5 of the Medical Staff Bylaws.

2.6 Duties of the Chair Elect

2.6.1 The Chair Elect shall automatically assume the office of Chair after completion of the Chair's term of office.

2.6.2 The Chair Elect, in the absence of the Chair, shall assume all of the Chair's responsibilities and shall otherwise perform such duties as may be assigned to the Chair.

2.7 Obstetrics and Gynecology Committee

The Committee, which serves as the executive committee of the Department, meets at least six (6) times per year and is chaired by the Department Chair. The Committee membership is outlined in §7.7 of the General Medical Staff Rules and Regulations. The standing committee of the Obstetrics and Gynecology Committee is:

2.7.1 Obstetrics and Gynecology Peer Review:

This standing committee is chaired by the Chair Elect of the Department and shall be responsible for quality improvement and peer review activities within the Department.

3.0 PROCTORING

Proctoring will be conducted in accordance with the Huntington Hospital Medical Staff Proctoring Protocol.

4.0 CONSULTATIONS

Consultations should be utilized freely whenever the diagnosis or indicated management of a patient is in doubt. The consultant selected must be qualified by training, experience, and demonstrated current competence to give an opinion. At the time of the consultation, continued patient care should be determined by collaboration with the referring care provider or by transfer of care.
(Added 11/5/07)

4.1 Perinatology Consults:

A Perinatology consult is required for: (Added 4/24/03)

- a) Patients who are diagnosed with HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low platelet count) and admitted to the ICU; and
- b) Patients who are admitted with HELLP syndrome and the physician plans to delay delivery > 24 hours

5.0 ELECTIVE TERMINATION (ABORTION) OF NORMAL PREGNANCIES

No elective termination (abortion) of normal, uncomplicated pregnancies is permitted at or beyond twenty (20) weeks gestational age.

6.0 PHYSICIAN AVAILABILITY

6.1 In-house On-Call Obstetrics Panel

Huntington Hospital has contracts with a laborist group and a gyn ED panel to provide continuous on-call coverage for unassigned patients presenting to the Emergency Department and as back-up for emergencies arising in the Perinatal High Risk Unit, Maternity, and/or Labor and Delivery.

6.2 Emergency Response by attending

Attending physicians are expected to respond to emergencies as soon as possible and within a time frame appropriate to the patient's clinical condition. Response time should not exceed 30 minutes.

6.3 During VBAC

Physicians following the labor course of a patient who is attempting a VBAC must be "Immediately Available" capable of monitoring labor and performing an emergency cesarean section. "Immediately Available" is defined as being present on the greater Huntington Hospital Campus while the patient is in active labor (*greater than 4cm*) or if the patient attempting a VBAC is on Pitocin for labor induction/augmentation. The "Greater Huntington Hospital Campus" is defined as follows: the North boundary is California Boulevard; East boundary is Fair Oaks Avenue; West boundary is Pasadena Avenue; South boundary is Bellefontaine Avenue, (*plus the North and South Cotton Buildings*).

7.0 PROTOCOL FOR ASSISTING IN SURGERY

- 7.1 Assistants in surgery are utilized at the discretion of the operating surgeon for the benefit of patients based on the complexity of the procedure, the anticipated blood loss, duration of the surgery, and expected risk related to the patient's condition.

It is the policy of the Department of Ob/Gyn at Huntington Memorial Hospital to require a qualified surgical assistant for all Cesarean Sections and all major laparotomy cases (minor laparotomy is defined as a case utilizing an abdominal incision < 4 cm). A qualified assistant is deemed to be a physician who has successfully completed an Ob/Gyn or General Surgery residency.

The assistant must be present in Labor and Delivery prior to the attending starting the procedure. The only exception to this policy is a true emergency whereby a delay threatens the well being of the mother and/or infant.

- 7.2 It is the operating surgeon's responsibility to obtain permission through the Medical Staff Office for a non-staff member to assist in surgery. Temporary privileges must be obtained as designated in the Medical Staff Bylaws.
- 7.3 It is advisable, when possible, to list assisting surgeons on the surgery schedule.
- 7.4 Post-graduate House Staff may act as assistants in surgery to the full extent of their capabilities in accordance with the medical education program. The need for additional assistance is left to the judgment of the attending surgeon.

8.0 DISCHARGE CRITERIA

8.1 Obstetrical Patients with Low Hemoglobin Levels

Whenever a postpartum patient has a hemoglobin level less than 7 gm/dl, it is necessary to provide appropriate documentation in the medical record as to her clinical stability prior to discharge. The progress note should address any signs or symptoms of anemia. (Signs of anemia: resting pulse >110; BP<90/50; urine output < 400cc/12hr) (Symptoms: dizziness; headache; shortness of breath)

Hemoglobin 6.5-7 gm/dl – Documentation should include ability to ambulate independently, absence of significant headache or dizziness, stable vital signs, and minimal continued bleeding.

Hemoglobin < 6.5 gm/dl – If asymptomatic, document as noted above for Hemoglobin 6.5-7. If symptomatic, document discussion of fall precautions, no driving, no carrying the baby for the first week, etc. The option of blood transfusion should be discussed, and noted. If patient refuses blood

transfusion, she should sign the appropriate refusal form. *(Added: 9/26/02)*

9.0 TRANSFERS FROM OTHER FACILITIES BY HMH MEDICAL STAFF

In the event a physician holds privileges at both the transferring facility **and** Huntington Memorial Hospital, *and transfers a patient to Huntington Memorial Hospital*, the transferring physician shall be responsible for following the patient at Huntington Memorial Hospital.

10.0 PROTOCOL FOR PATIENT EXAMS

All pelvic exams performed in Labor & Delivery must be performed in the presence of a nurse. *(Added 2/27/03)*

REVIEWED AND APPROVED:

Obstetrics and Gynecology Committee: 04/6/09, 09/09/09, 04/14/10; 05/12/10; 07/14/10; 09/12/12; 09/09/15

Executive Committee: 5/4/09, 11/02/09; 05/03/10; 09/13/10; 10/01/12; 10/05/15

Board of Trustees: 5/28/09, 12/17/09; 05/27/10; 09/23/10; 10/25/12; 10/22/15