RULES AND REGULATIONS OF THE OB/GYN DEPARTMENT
        OF THE MEDICAL STAFF
        OF
        PEACEHEALTH SOUTHWEST MEDICAL CENTER

The OB/GYN Committee shall have as its specific duty the enforcement of the following rules and regulations related to this department:

1. All practitioners applying for membership to the OB/GYN Department, either at initial appointment or reappointment, shall be required to meet the following criteria:

   a. Licensed MD, DO or CNM; and

   b. Training and experience necessary to take the Obstetrics/Gynecology board certification exam, OR

       Certified as a CNM with verification of a working relationship with a cooperating physician(s) on the Active Medical Staff of PHSW.

2. Printed pre-delivery and postpartum orders may be used, provided they are approved by the OB. All previous orders are canceled when a patient returns from the delivery room or from surgery. When specific hospital protocols, as approved by the OB/GYN Committee, are implemented, they must be signed by the attending physician or nurse midwife.

3. The attending physician or nurse midwife is responsible to be available or provide alternate coverage for the medical care of obstetrical patients presenting at the hospital. If the attending physician or nurse midwife is unavailable, the Labor & Delivery unit must be notified of coverage in his/her absence. If the attending physician or nurse midwife cannot be reached, the nurse will notify the designated alternate. A list will be posted in the Labor & Delivery unit and shall be kept current by the physician/designee or nurse midwife/designee. If the attending physician or nurse midwife or the designee is not available, the Chairman of the OB/GYN Department will be notified.

4. The Family Birth Center nurse shall notify the attending physician or nurse midwife as soon as possible after the patient’s admission to the hospital. This notification shall occur regardless of the time of day or night.

5. Rules governing the conduct of obstetrical cases by members:

   a. For privileges requiring concurrent proctoring, it will be the responsibility of the member upon his/her appointment to the medical staff to make arrangements with an active staff member for the observation period.

   b. The clinical privileging guidelines as listed on the OB and GYN delineation of clinical privileges will be applied to all staff members applying for major obstetrical privileges.

   c. Following the concurrent proctoring period of observation, the active staff member will
notify the Chairman of the OB/GYN Department in writing of the member’s proficiency. The member’s privileges in obstetrics will be subject to periodic review by the Chairman of the OB/GYN Department and increased privileges in obstetrics will be dependent on his/her proficiency.

5. In any case of complications or extension of the case beyond the competence or privileges of the attending physician, nurse midwife and/or assistant, immediate consultation will be obtained with a physician holding appropriate privileges.

6. City Call
   a. Patients under 13 weeks gestation or non-pregnant patients will fall under the gyn city call. Patients seen face-to-face or telephone consultation will remain with the group who provided this care for 30 days for the same medical condition.
   b. Any patient over 13 week’s gestation seen by the obstetrician on Labor and Delivery via face-to-face or telephone consultation via the city call, will remain the responsibility of that group for the duration of the pregnancy and 6 weeks postpartum.
   c. If the patient who was seen via city call has a previously scheduled appointment with another physician, this does not constitute the establishment of a relationship with that physician or group, and the patient will go to the city call assigned physician/group.
   d. Those OB/GYN physicians fifty-five (55) or more years of age shall not be included in the city call rotation.
   e. City call assignments for each group will be pro-rated and calculated by the number of the physicians in the group practicing on a full-time and those practicing on a part-time basis. A work schedule of four (4) or more days a week is considered full-time.
   f. Physicians practicing Perinatology as a sub-specialty shall not be included in the city call rotation unless their practice is not primarily a consultation model. For example, if a perinatologist is delivering uncomplicated patients routinely, they will have to share in City Call responsibilities.
   g. Family Medicine Southwest Washington (FMSW) will take first call for all OB city call. If obstetrical consultation is necessary, the OB/Gyn assigned to city call will be responsible for providing those services.
   h. Family practice physicians with obstetrical privileges shall not be included in the city call rotation.

7. **OB/GYN Committee.** The OB/GYN committee shall fulfill the committee functions as described in Article VI of the Medical Staff Bylaws for committees. It shall provide forum for topics related to the organized Medical Staff and to the Perinatal Quality Committee, including but not limited to the following: Medical Staff Bylaws discussion; Family Birth Center policies and procedures.
The committee shall be composed of two physician-representatives from groups of seven or more physicians, one physician representative for groups with four to six physicians and an independent physician member to represent all non-represented or small medical groups with less than four physicians:
- Kaiser Permanente
- Southwest Medical Group Ob/Gyn Associates
- The Vancouver Clinic
- The Women’s Clinic of Vancouver
- Cascadia Women’s Clinic
- An independent member to represent all non-represented or small medical groups
- Family Birth Center Medical Director
- Perinatology Representative
- One representative from the Surgery Department, Anesthesia Department and Family Medicine Department.

Representatives include the Chair and Chair-Elect. Groups with nurse midwives may also elect to add a midwife to the committee at their discretion. The committee shall have at least one midwife representative.

Members and prospective representatives of the Ob/Gyn Committee must be in good standing, may not have a conditional appointment status, be under investigation, disciplinary review or be involved in action planning defined to address behavioral issues.

8. Perinatal Quality Committee – Shall fulfill functions as described below:
- Peer review
- Continuing medical education
- Performance improvement initiatives

The Perinatal Quality Committee is an interdepartmental committee with representation from Obstetrics, Pediatrics, Family Medicine medical staff, nursing, and allied health professionals who participate in the care of the maternal and neonatal patients. This committee is responsible for monitoring and evaluating care and all activities that relate to perinatal services and ongoing quality improvement initiatives.

9. **Department Chair:** The Department Chair and Chair-Elect positions shall be an elected position as described in Article V of the Medical Staff Bylaws. The Department Chair and Chair-Elect shall have both an active Obstetrics and Gynecology practice, shall have the majority of their practice at PeaceHealth Southwest Medical Center and shall rotate among the representatives from each of the following clinics at their option:
- Southwest Medical Group Ob/Gyn Associates
- Kaiser Permanente
- The Vancouver Clinic
- The Women’s Clinic of Vancouver
- Cascadia Women’s Clinic
- Representative for Independent OB/Gyn Group (at their option)
10. **History & Physical Documentation:**

   a. All obstetrical charts should have a copy of the prenatal record, to include history and physical (H&P) examination, record of office visits and pertinent laboratory data, to include a prenatal screen from an accredited laboratory, available at the anticipated time of admission.

   b. On admission, if the prenatal record is not available, it must be provided within 24 hours or an H&P written or dictated.

   c. An update of current status will be entered on the OB admission sheet if the prenatal record does not document a visit within seven (7) days.

   d. C-section and tubal ligation patients must have a physical examination dictated and transcribed or recorded on the obstetrical admission sheet.

11. **Medical Record Documentation:**

   A dictated summary should be completed for the following:

   a. Operative vaginal deliveries including:
      1) Indication
      2) Position and station
      3) Estimated fetal weight
      4) Anesthesia
      5) Status of bladder (empty)

   b. 3rd or 4th degree lacerations

   c. >= 1500 cc blood loss

   d. Manual removal of the placenta

   e. Shoulder dystocia

   f. 5 minutes apgars of 5 or less

12. **CNM Voting Privileges:** CNM members of the OB Committee have a vote on level of care assignments for CNM cases being reviewed and issues relevant to CNM scope of practice.

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- Adopted by the OB/GYN Department of the Medical Staff of PeaceHealth Southwest Medical Center: 07/10/91
  Approved by the Governing Body of PeaceHealth Southwest Medical Center: 11/06/91
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Annual Review: 09/95, 12/96, 07/97, 10/98, 12/99, 12/00, 10/01, 6/02, 5/03
Ob/Gyn Committee: 04/04, 2/05, 5/07, 11/08, 2/10
Executive Committee review & approval: 5/4/04, 6/1/04, 3/1/05, 12/6/05, 9/4/07, 5/6/08, 2/3/09, 4/6/10
BOT Approval: 5/19/04, 6/16/04, 3/16/05, 1/18/06, 9/19/07, 5/21/08, 2/18/09, 4/21/10
Robotic Assisted Surgery Committee Charter:

Objective: To define a medical staff structure with equal representation from the Surgery Department, Cardiac & Vascular Department and the OB/Gyn Department to ensure that patients who receive Robotic Assisted Surgery procedures receive quality patient care and excellent service. The Committee will be responsible for the following Robotic Surgery functions:

- Peer review and ongoing performance evaluations
- Continuing medical education
- Development and standardization of privilege criteria
- Provide recommendations to the Board of Directors regarding program expansion and future robotic services

Structure: A Robotic Surgery Committee will be created which includes representation from the Cardiac & Vascular Department, the OB/Gyn Department and the Surgery Department. The Department Chairs will appoint representatives from the following specialties:

- 1 Gynecologist
- 1 Cardiothoracic Surgeon
- 1 Urologist
- 1 General Surgeon
- 1 Anesthiologist
- The Urology and Gyn Robotic Assisted Surgery Medical Directors
- Ex-officio (non-voting) members to include: The VP of Quality & Medical Staff Services and a representative from Quality Care Resources and Medical Staff Services.

The Chair position will be elected by the group to serve a two-year term.

Accountability & Authority: The committee will meet quarterly or as needed. Representatives will share committee discussions with their Department monthly and will request input from the Department on an ad hoc basis. The Committee will refer recommendations on peer review to the appropriate Department for consensus. If the Committees are unable to come to an agreement, the issue will be presented to the Credentials Committee for resolution.

Approvals: Revised by Robotics Committee: 6/10/08 addition of Anesthesia Member and clarify role of Department.
Medical Staff Executive Committee: 5/6/08
Board of Directors: 5/21/08