1. ARTICLE I. DEPARTMENT

Pursuant to University Medical Center Bylaws, Rules and Regulations of the Medical and Dental Staff, Article IV, Section 3, Organization; the following Department of Obstetrics/Gynecology (OB/GYN) Organization and Rules and Regulations are set forth:

2. ARTICLE II. PURPOSE

The purpose of the OB/GYN Department is to provide comprehensive care to mothers and newborn infants of women, regardless of age, with gynecologic disorders; to maintain an atmosphere under which house officers, staff members and other physicians in the community can constantly improve their professional ability; to supply an educational program to students and other appropriate help to personnel in this community, including cooperation with the University of Nevada School of Medicine in its academic program in the sphere of the medically related sciences.

1. SCOPE

All physicians holding obstetric and/or gynecologic privileges who practice at this hospital shall receive copies of these rules and regulations, and shall be guided in their practice by them. These rules and regulations are supplementary to the Bylaws, Rules and Regulations and other related manuals of the Medical and Dental Staff.

3. ARTICLE III. MEMBERSHIP

1. Qualifications: Privileges according to the delineation of privileges may be granted to those OB/GYN physicians whose qualifications consist of one of the following:

   1. Board Certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or have completed an approved residency program in Obstetrics/Gynecology, and be in the process of Board certification

   2. Criteria requirements for admission to the Board examination for Board certification

   3. Satisfactory completion of an Obstetrics and Gynecology residency approved by the Accreditation Council for Graduate Medical Education but not Board certified or Board eligible will be reviewed on an individual basis

   4. Limited privileges as delineated may be given to physicians who have satisfactorily completed a residency approved by the Accreditation Council for Graduate Medical Education

2. Requirements:

Privileges in the Department of OB/GYN at University Medical Center are granted on the basis of formal and complete OB/GYN training, a full review of that training and experience by the OB/GYN Department, and the qualifications and references of each physician's application.

For an elective c-section surgery within the OB/Gyn department, an MD, DO, or a qualified Nurse Midwife must be scrubbed in to assist the primary surgeon. The primary surgeon cannot proceed with the surgery alone unless the case is an emergency. At least one of the surgeons must be a post-residency credentialed staff physician.
3. **Appointment/Reappointment Procedures**

Appointments to the Medical Staff are for a period of two (2) years except that the MEC may set a more frequent reappraisal period for the exercise of particular privileges in general or by staff members who have identified health disabilities.

The mechanisms for evaluating applications for initial appointment and for conducting periodic reappraisals for reappointment to the staff are outlined in the Credentialing Procedures Manual.

4. **Leave of Absence**

A staff member may obtain a voluntary leave of absence by giving written notice to the Chief of the Department for transmittal to the MEC. The notice must state the approximate period of time of the leave, which may not exceed one year, except for military leave. During the period of the leave, the staff member’s clinical privileges, prerogatives and responsibilities are not in effect.

5. **Termination of Leave**

The staff member must, when required by the Medical Executive Committee (MEC) when terminating the leave, submit a written request for reinstatement by sending a written notice to the MEC. The staff members must submit a written summary of relevant activities during the leave if the MEC so requests. The MEC will make a determination concerning reinstatement. If the determination is adverse, then the physician is entitled to the procedural rights as provided in the Fair Hearing Plan.

4. **ARTICLE IV - CLINICAL PRIVILEGES/GRANTING PRIVILEGES**

Clinical privileges at this hospital may be granted to physicians demonstrating specific qualifications for the exercise of privileges as delineated by the specific department in writing.

1. **Family Practice Physicians**

Limited clinical OB/GYN privileges granted per request of the OB/GYN Department. Applicant granted privileges according to appropriate training/education/experience with monitorship.

5. **ARTICLE V - ALLIED HEALTH PROFESSIONALS**

Allied Health Professionals will be credentialed according to the UMC Medical Staff Bylaws and Rules & Regulations Article III, Sections 4.12 through Section 4.15.

1. **CERTIFIED NURSE MIDWIFERY**

Only AHP’s holding a license, certificate or such other credentials as may be required by applicable state law and who satisfy the basic qualifications required for medical and dental staff membership are eligible to provide specified services in the hospital. The credentials committee and medical executive committee may establish additional qualifications required of members of any particular category of AHP’s.

Written guidelines for the performance of specified services by AHP’s shall be developed by the department and approved by the credentials committee with input from the MEC and from the physician director of clinical service involved where applicable.
ATTACHMENT I: APPROVED DELINEATION OF PRIVILEGES FOR CNM

6. ARTICLE VI - OFFICERS & DUTIES

1. DUTIES OF DEPARTMENT OFFICERS

1. **Department Chief**

Each department will have a chief who must be a member of the active staff and of the department he is to head and remain in good standing throughout his term, must have demonstrated ability in at least one of the clinical areas covered by the department, and must be willing and able to faithfully discharge the functions of his office. The Chief of the department shall be elected by vote of active members of the department he is to head in accordance with procedures adopted by each department. The election shall be held no later than the November meeting. The term of office shall be for two (2) years commencing with January 1 of the year following the election. The name of the chief shall be presented to the Medical Executive Committee for informational purposes at the next meeting following election of the chief. A department vice-chief shall be elected at the same time to act as chief if the elected chief is unable to discharge his duties or there is a vacancy in the office. If the department fails to elect a chief, method of selection will be by the Chief of Staff selecting a candidate for approval of the Medical Executive Committee.

Cooperate in the development and supervision of the students and resident training programs with the Program Director and Department Chairman of the University of Nevada Medical School.

2. **RESPONSIBILITY AND AUTHORITY OF OFFICERS**

A Department Chief will have the responsibility and authority to do everything necessary to carry out the functions delegated to him and his department by the Medical Executive Committee, by the Bylaws or any of the related manuals, and, where applicable by contract with the hospital. At a minimum, a bi-annual evaluation of department Chief performance will be conducted by the Chief of Staff. The evaluation will be signed by the Chief of Staff and the department Chief being evaluated.

In assuring the accomplishment of the functions of the departments as provided in the medical and Dental Staff Bylaws and in meeting his/her responsibility for all professional and administrative activities within the department and its sections, a department Chief has these specific responsibilities and authority:

1. Clinical related activities of the department
2. Administrative activities of the department, unless provided by the hospital
3. Integration of department into hospital’s primary functions.
4. Coordination/Integration of inter/intradepartmental services
5. Developing/implementing policies and procedures that guide provision of care/services.
6. Recommending sufficient number of qualified and competent staff
7. Continuing surveillance of performance of department members with privileges
8. Recommending criteria for clinical privileges for the departments
9. Recommending clinical privileges for each members of the department.
10. Determination of non-LIP staff qualifications and competence
11. Continuous assessment/improvement of the quality of care/treatment/service
12. Maintenance of quality control programs, as appropriate
13. Orientation/continuing education of staff in department.
14. Assessing and recommending off-site services not provided by hospital
15. Recommending space/other resources needed by department.

3. SPECIFIC DUTIES & OBLIGATIONS

The specific duties and obligations of Department Chiefs are detailed in the Medical and Dental Staff Officers and Organization Manual.

7. ARTICLE VII - DEPARTMENTAL COMMITTEES

1. Quality Assurance Peer Review Committee

- The Peer Review Committee consists of the Department Chief and 4 voluntary and or appointed members for a 2-year term.
- Is responsible for monthly chart reviews based on department-specific indicators; may include high-risk, high volume, problem prone, patient safety, new technology, PI priorities as well as desired outcomes. 100% focused and or intense review may include but are not limited to re-admissions, complications, quality indicators and or other indicators as determined by the Department.
- The Peer Review Committee evaluates an individual practitioner's professional performance/competence and includes opportunities to improve quality care and patient outcomes.
- Initial chart reviews and assignment of severity index is performed by the Department Chief and may require a response from the involved physician; however, if a severity index of 4-5 may be the final outcome after requesting input from the involved physician, the case should be reviewed/presented to the Peer Review Committee. If the Peer Review Committee assigns the case a 4 or 5, the involved physician is notified and informed that he/she may appeal his/her case at the Department level through a written response or a request to appear before the Peer Review Committee.

The procedure for peer review will also be followed as outlined in the Performance Improvement Policy and Procedure under the subject: Physician Profiles (Policy #: I-7), Medical Staff Peer Review (Policy #: I-7.1) and the Medical and Dental Staff Ongoing Evaluation and Focused Professional Practice Evaluation Process (Medical Staff Department P and P Manual).

8. ARTICLE VIII - DEPARTMENTAL MEETINGS

The Department of Obstetrics/Gynecology will meet on a bi-quarterly semi-annual (May and November) basis in conjunction with one of the bi-monthly (January, March, May, July, September and November) with an Operating/Peer Review Committee meetings. Department and committees shall provide the time for holding meetings in accordance with the Joint Commission standards. The frequency of OB/GYN Committee meetings is as required by the Bylaws and the Officers and Organization Manual.

Members of the Department of Obstetrics/Gynecology will be granted voting privileges when he/she has attained Active staff status and is no longer on observation (monitorship) and will retain those voting privileges as long as he/she maintains that staff status.

The presence of 50% of the active membership, as evidenced by the sign-in roster at any regular or special meeting, shall constitute a quorum for purposes of adopting or amending Bylaws, Rules and Regulations; and the presence of 40% of such membership as evidenced by the sign-in roster, a quorum for all other actions.
1. SPECIAL APPEARANCES OR CONFERENCES

1. A physician whose patient's clinical course of treatment is scheduled for discussion at a staff, department, or committee meeting should be so notified and invited to present the case.

2. Whenever a staff or department education program is prompted by findings of quality assurance program activities, the physicians whose performance prompted the program will be notified of the time, date and place of the program, of the subject matter to be covered, and of this special applicability to the physician's practice. Except in unusual circumstances they will be required to be present.

9. ARTICLE IX - MONITORING PROTOCOL

All new appointments to the Medical and Dental Staff of University Medical Center will be assigned to the Provisional-Monitorship category of staff membership for a period of time not to exceed one year from the date of initial appointment. During this time, professional competence and demeanor/conduct will be monitored on a continual basis through established hospital mechanisms, including, but not restricted to, established Center for Quality and Patient Safety processes and as outlined in the Medical and Dental Staff Bylaws. All new appointees to the Medical Staff will be informed at the time of initial appointment regarding to the criteria for Provisional-Monitorship category for staff membership and monitorship program requirements. Successful completion of this monitorship will be mandatory before the new OB/GYN physician can be elevated to full department membership and shall be carried out in accordance with the Bylaws and Rule & Regulations of the Medical & Dental Staff

Monitorship per Credentials Procedural Manual, Addendum A

10. ARTICLE X - ETHICS AND STANDARDS OF PROFESSIONAL CARE

Professional conduct of the members of the Department of Obstetrics/Gynecology shall be governed by the Bylaws and Rules & Regulations of UMC Medical Staff.

11. ARTICLE XI - TRAUMA

Per approved Trauma Protocol for Pregnant Patients.

ATTACHMENT II: TRAUMA PROTOCOL FOR PREGNANT PATIENTS

_________________________  __________________________
Chief, Department OB/GYN          Date

_________________________  __________________________
Chief of Staff                Date

Revised: 02/98, 11/07, 02/08, 03/08, 12/08, 01/09

Medical Executive Committee: 03/98, 11/07, 03/20/08
UNIVERSITY MEDICAL CENTER

DEPARTMENT OF TRAUMA

SUBJECT: Pregnant Trauma Patients

Policy/Procedure No. 3.02

Affects: Trauma Resuscitation Medicine Emergency Hospitalist Service
OB Service
Neonatology
Labor and Delivery

Patient Population Affected:
Pregnant Females

Original Date of Issue: 04/01

Reviewed: 04/04 03/07

Revised: 04/08

PURPOSE: To assure comprehensive treatment for the pregnant trauma patient.

POLICY: Pregnant trauma patients will be triaged to the Trauma Center if they meet Trauma Field Triage Criteria.

PROCEDURE:

1. The Emergency Medicine Attending Physician, Trauma Surgeon or Trauma Resuscitation Nurse answering the telemetry call will direct all pregnant trauma patients who meet Trauma Field Triage Criteria to the Trauma Center.

2. If the patient meets trauma team activation criteria, the trauma service will evaluate the patient and call the OB service. The trauma attending will decide if they require an OB activation or consult based on the published criteria. If an OB activation is required, the OB attending, resident and a nurse with a fetal monitor will respond to the trauma resuscitation unit. If a consult is required, the OB attending will respond to the trauma resuscitation unit. Then in collaboration, both services will make the determination if the patient is evaluated in the Trauma Center or is sent to the Labor and Delivery Department for monitoring.

3. The Trauma Surgeon, after consultation with the OB Attending will decide the best destination for the patient’s admission, if necessary.

4. If the pregnant patient requires surgery, the Trauma Surgeon will make the decision as to the need for calling the OB Attending and the Neonatologist. If OB and Neonatal services are requested, the Resuscitation Unit
Clerk will page both immediately. The OB Attending and Neonatologist will then respond to the resuscitation or operative area in the Trauma Center.

5. **If the patient meets Trauma Field Triage Criteria but does not meet trauma team activation criteria**, the Emergency Medicine Attending Physician will evaluate the patient and call the OB Attending on call if a consultation is needed. In collaboration, both services will make the determination if the patient is evaluated by OB in the Trauma Center or is sent to the Labor and Delivery Department for evaluation and monitoring.

6. **The OB Attending and Resident on call will be notified of all known pregnant patients who are admitted to either the Trauma Service or the Hospitalists.**