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# Rules and Regulations

## Department of Ob/Gyn/Peds

Medical Staff Services

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**I. ORGANIZATION**

Name:

The name of this organization shall be the Department of OB/GYN/PEDS of the Medical Staff of Pacific Hospital of Long Beach. The Department is established as provided in the Medical Staff Bylaws.

**II. MEMBERSHIP**

1. Qualifications:

An obstetrician, gynecologist, pediatrician or neonatologist may be a member of the Department of OB/GYN/PEDS. Other sub-specialties may become members as determined by the Department with approval by the Medical Executive Committee and the Board of Directors. A nurse midwife, nurse practitioner, and other individuals may be appointed to the Allied Health Professional category of the Medical Staff and hold privileges in the Department of OB/GYN/PEDS. Other non-physician providers may be permitted to request membership in the Allied Health Professional category with scope of privileges when deemed appropriate by the Department, Medical Executive Committee and Board of Directors.

All members must first qualify for membership and privileges as defined in Article II of the Bylaws of the Medical Staff of Pacific Hospital of Long Beach.

2. Appointments:

Applicants recommended for provisional status by the Department of OB/GYN/PEDS must also have the approval of the Medical Executive Committee and Board of Directors pursuant to the Medical Staff Bylaws.

The initial term of appointment shall be provisional in nature and in accordance with the Medical Staff Bylaws.

**III. CONDUCT**

1. Ethics:

The professional ethics of the members of the Department of OB/GYN/PEDS shall be governed by the Bylaws, Rules and Regulation and Policies of the Medical Staff.

2. Discipline:

Evaluation of the care rendered patients by members of the Department of OB/GYN/PEDS shall be the concern of the Department of OB/GYN/ Neonatal. Matters involving discipline not satisfactorily resolved by the Department of OB/GYN/PEDS shall be as prescribed in the Medical Staff Bylaws.

3. Consultations:

Consultation requirements will be as outlined in the Medical Staff Rules and Regulations and Policy Manual.

4. Meetings:

The OB/GYN/PEDS Advisory Committee will meet quarterly.

**5. PRIVILEGES**

Privileges will be granted by the OB/GYN/PEDS Department, in accordance with Article V of the Medical Staff Bylaws. Criteria for granting privileges to perform special procedures will be contained in the Medical Staff Policy Manual, which is a part of the Bylaws and Rules and Regulations of the Medical Staff. General/ Family Practice privileges in Obstetrics shall be governed by these Rules and regulations. Any and all complications must have a consultation by a qualified obstetrician.

#### IV. OBSERVATION REQUIREMENTS

##### 1. Proctoring:

Following accepted practice, the OB/GYN/ Department shall appoint a proctor for each physician on provisional status and those seeking additional privileges. The practitioner is responsible for arranging for his/her proctor/s to be available to observe the procedures. Proctoring guidelines are as follows:

- (a) Proctoring shall be accomplished by direct concurrent observation if at all possible. Retrospective review may also be conducted.
- (b) Pediatricians and neonatologists are required to be proctored on a minimum of three (3) cases. An additional number of cases may be required if the ~~proctor~~ Department Chair feels that additional proctoring is required. The proctor shall observe a variety of cases, based upon the privileges requested by the physician.
- (c) Minimum proctoring requirements for obstetricians and/or gynecologists are as follows:
  - 1 = vaginal delivery (direct observation)
  - 1 = vaginal deliveries (retrospective chart review)
  - 1 = hysterectomy (abdominal)
  - 1 = hysterectomy (vaginal)
  - 1 = Cesarean section
  - 1 = laparoscopy
- (d) The proctor shall complete proctor/evaluation forms, which include the type of case, as well as an evaluation of the performance of the practitioner being proctored, and submit the completed proctor evaluation reports to the Medical Staff Office.
- (e) Proctors must have sufficient training and expertise to judge the quality of work being performed by the Proctoree.
- (f) State or County medical societies should be consulted for guidance in obtaining a proctor if there are no members qualified to proctor the Proctoree.
- (g) The utilization of more than one proctor shall be encouraged. Except in extraordinary circumstances, associates shall not proctor each other.
- (h) Evidence of proctoring from another institution in the community will be accepted under the following conditions:
  - 1) The proctor must be a member of the Medical staff of Pacific Hospital of Long Beach, and
  - 2) The proctor must have privileges similar to those of the practitioner undergoing proctoring.
- (i) Proctor/evaluation reports shall be reviewed by the Department Chair at the time of advancement from Provisional status to appropriate staff category and shall be maintained in the physician's credentials file. A provisional status member will not be advanced to another staff category until his proctoring has been satisfactorily completed.

#### V. DUTIES AND RESPONSIBILITIES

##### 1. General rules:

All members of the Department of OB/GYN/PEDS shall comply with the Bylaws, Rules and Regulations and policies of the Medical Staff of Pacific Hospital of Long Beach.

##### 2. Diagnostic Examinations:

Pregnancy tests must be performed prior to surgery on all females of childbearing age in all OB/Gyn procedures other than cesarean section and tubal ligation immediately following delivery.

3. Laboratory studies prior to delivery:

The minimum required prenatal studies performed during the prenatal period should be recorded on the patient's chart prior to delivery. The minimum required prenatal studies shall include the following:

- (a) Rh typing and factor/Blood Type/Cross
- (b) VDRL
- (c) Hemoglobin and hematocrit
- (d) UA and Urine Drugscreen
- (e) Rubella titer
- (f) Hepatitis B
- (i) HIV

4. Gynecological Surgery:

Pap Smears: There shall be a notation on the chart of all gynecology patients where applicable, the results of a pap smear within 12 months. The last menstrual period shall also be noted.

Abortion: Proof of pregnancy, blood type, Rh factor and a hematocrit shall be required on all pregnant patients admitted with the diagnosis of abortion for possibility of RhoGam need and the administration thereof.

Sterilization: State and Federal guidelines shall be adhered to. Post-partum sterilization will be done after correct consents in the Operating Room.

5. Use of Oxytocin Drugs:

The attending physician must be immediately available during the administration of oxytocic drugs. The patient must be placed on fetal monitoring during the use of these agents. Pitocin must be given by infusion pump.

6. Use of Prostaglandin for Fetal Demise:

P.E. suppositories must be inserted by a physician.

7. Use of Tocolytic Agents to Stop Premature Labor:

A physician, or his designee, must personally assess patient status before initiation of the drug. The patient must be fetal monitoring continuously. Subcutaneous Terbutaline as a tocolytic may be administered. Orders for titration must be given by a physician.

8. Use of Glucocorticoid:

A physician or his designee must personally assess the patient before initiation of the drug and the patient must be continuously fetal monitored.

9. Prenatal Records:

Attending practitioner's prenatal records should be filed in labor and delivery as early as the GBS status is obtained or by 37 weeks and must include a history, physical examination and laboratory record including Rh factor, blood type, serology, Pap smears, and Rubella titer, as well as any other tests deemed appropriate.

10. Laboratory tests for OB patients:

If the results of an Rh typing, VDRI, hemoglobin and hematocrit and rubella titer are not available on the chart within a reasonable amount of time after admission, this battery of tests will be done prior to discharge.

11. Admissions:  
Patients admitted to the labor suite must have reached the twentieth (20th) week of gestation and have evidence of labor or be admitted at the direction of the attending physician. If the patient is less than thirty-four (34) weeks, and is transferable, she will be assessed by the physician and transferred to a tertiary care center.  
  
A patient admitted and later discharged without being delivered must be seen and discharged by her physician.
12. Observations:  
Patients may be observed for up to two hours in the labor suite; after that time the physician will decide whether the patient will be admitted or sent home with appropriate instructions.
13. Person in labor room:  
One person may be designated by the mother-to-be in the labor room; this person will stay in the suite area.
14. Imminent Delivery:  
When the mother is imminently going to deliver before her attending physician can reach the hospital, the following protocol shall be followed:
  - The back-up obstetrician will be called and if unable to attend, the emergency physician will be called.
  - When the attending physician arrives, he/she assumes the responsibility for care and completes the records.
15. Resuscitation of infants:  
A physician with pediatric privileges will be present at all high-risk deliveries and non-elective cesarean section. Repeat cesareans would be attended upon the request of the Obstetrician. If the Pediatrician is unable to attend, the ED physician will be called.
16. Arrival time  
The Obstetrician is responsible to respond within thirty (30) minutes to a patient, when advised by the Staff of urgent or emergent clinical circumstances.
17. Rh negative mothers:  
All Rh-negative mothers who qualify for Anti-immune Globulin will have the necessary laboratory procedure ordered. If the patient qualifies for RhoGam, it shall be administered with her consent. In the event the patient refuses the RhoGam, she will sign a release form.
18. Patient under 20 weeks gestation:  
A patient under 20 week gestation with pregnancy related problems may be admitted to the med/surg unit by order of the attending and if the room is available.
19. Elective abortion patients are not to be admitted to the unit.
20. Admitting of patients presenting to E.R. (patients with physicians on staff):  
Non-pregnancy related conditions are to be evaluated by the Emergency Room staff and their private physician notified.
21. Anesthesia by CRNA: An order for anesthesia must be noted in the chart prior to being administered by a CRNA. Pre-anesthesia assessment must be completed by CRNA prior to a procedure. Post anesthesia assessment must be completed and documented within 48 hours or prior to discharge.

22. VBAC: Vaginal delivery after cesarean section will no longer be offered to maternity patients at PHLB. If a patient presents to the Emergency Department in active labor, and is requesting a VBAC, she will be transferred. If the patient is not transferable, the physician will arrange for a cesarean section.
23. No scheduled D/C hysterectomy will be performed in L&D with the exception of patient not being transferable to the main Operating Room.

#### **VIII. SCOPE OF CARE AND SERVICE**

Medical direction is provided through the Department of OB/GYN/PEDS. The department provides services for the low risk patient from gestation through delivery and the post-partum period and has formal arrangements with two facilities for transfer of patients requiring neonatal intensive care.

The department also provides services for newborns and outpatient pediatric patients through 13 years of age.

Revisions approved by the Board:

September 2001

December 2003

July 2004

January 2006

November 24, 2010