ARTICLE I.  PURPOSE AND ORGANIZATION

1.1  PURPOSE

1.1.1 The purpose of the Department of Obstetrics and Gynecology (Department) shall be to perform the responsibilities as prescribed in the Bylaws specific to obstetrical and gynecological medical practice including, but not limited to, provision of an organized structure to effect quality (performance) assessment and improvement, peer review, establishment of clinical practice standards, and the maintenance and advancement of clinical knowledge and skills.

1.2  ORGANIZATION

1.2.1 The Department shall be organized as a Committee of the Whole with specific functions carried out by the Department Chairman as consistent with the Bylaws and these Rules.

ARTICLE II. DEPARTMENT MEMBERSHIP

2.1  NATURE OF DEPARTMENT MEMBERSHIP

2.1.1 The Department shall consist of appointees of the Professional Staff who have met the qualifications for Department membership and who have been recommended to the Department of Obstetrics and Gynecology by the Credentials Committee and Professional Staff Executive Committee (PSEC) and appointed by the Board of Trustees.

2.2  ASSIGNED ALLIED HEALTH PROFESSIONALS

2.2.1 Allied Health Professionals with specified service authority to provide services under the auspices of the Department shall be those who have been duly granted such specified service authority as recommended by the Credentials Committee and PSEC and appointed by the Board of Trustees and assigned to the Department in accordance with established policy and as consistent with the Special Policy for Allied Health Professionals of the Bylaws.

2.3  BASIC QUALIFICATIONS FOR MEMBERSHIP

2.3.1 Members/Applicants of the Department shall meet the basic qualifications for membership on the Professional Staff as set forth in Article IV of the Bylaws.

2.3.2 Members/Applicants must engage primarily in the practice of obstetrics and/or gynecology.
2.3.3 Members/Applicants must have additional Training Requirements, Experience, and Credentials

2.3.3.1 Members/Applicants to the Department must have successfully completed a residency program in obstetrics and gynecology accredited by the American Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA).

2.3.3.2 Members/Applicants of the Department who are fellowship-trained, if requesting privileges to apply skills obtained in such a fellowship program, must be eligible to sit for the certifying examination in the applicable specialty board recognized by the ACGME or AOA. If the ACGME or AOA does not accredit the fellowship and no specialty board exists, the member/applicant must submit the program curriculum, procedure logs and a signed attestation from the Program Director that the practitioner met the program requirements.

2.3.4 Members/Applicants must have evidence of satisfactory professional performance and current competence as demonstrated through residency logs and/or professional practice history shall be considered.

2.3.5 Initially appointed Members are provisional and must satisfactorily complete the observation requirements of the Department as defined in Article IV of these Rules.

2.3.6 Initial applicants shall be interviewed by the Department Chairman.

2.4 BASIC RESPONSIBILITIES OF MEMBERSHIP

2.4.1 Members shall fulfill the primary responsibilities of Professional Staff membership as defined in the Bylaws.

2.4.2 Active and/or Emeritus Members shall participate in the observation of initially-appointed Members as assigned.

2.4.3 Active Members shall participate in the provision of emergency call coverage on behalf of the Department as assigned by the Chairman.

2.4.4 Where House Staff are involved with the provision of obstetrical and gynecological care, the responsibility for the provision and management of care to the patient remains with the Attending Member. While delegation of the provision of aspects of care to House Staff for purposes of education and training is understood, it is the Attending Member’s responsibility to secondarily delegate as is consistent with the recognized level of competence of the individual House Staff Member and as consistent with the applicable training program policies.
2.5 DURATION OF APPOINTMENTS/REAPPOINTMENTS

2.5.1 Initial appointments to the Department are provisional in nature for a period as defined in the Bylaws (Section 5.1) and the observation and/or provisional conditions of the Department Rules and established Credentialing Policy.

2.5.2 Reappointments shall occur on a cycle consistent with the Bylaws and administrative protocol. (Ref. Bylaws Section 5.1.2 and Article VII)

ARTICLE III. DETERMINATION OF PRIVILEGES

3.1 SCOPE OF PRIVILEGES

3.1.1 The scope of privileges within the Department shall include those delineated on the Core Privilege Form of the Department and specific to the practice of obstetrics and gynecology. Such privileges include the primary medical care of patients with obstetrical and gynecological conditions as well as pre-operative assessment and evaluation and post-operative care.

3.1.2 Prior to performing new techniques/procedures the applicable credentialing must occur. Please refer to the “Practitioner Apprenticeship in Established Techniques/Procedures and Privileging for New Techniques/Procedures” located in the General Policies of the Bylaws.

3.2 DELINEATION OF PRIVILEGES

3.2.1 Each application for appointment to the Department shall contain a request for specific privileges as indicated on the Core Privilege Form.

3.3 DETERMINATION AND REAPPOINTMENT OF PRIVILEGES

3.3.1 As consistent with the Bylaws, recommendation of privileges shall be made based on the documented evidence of training and experience and other indicators of the applicant’s abilities, conduct, and current competence. The Department shall establish credentialing criteria referred to in these Rules as Credentialing Policy. In establishing such credentialing criteria, the Department shall take into account inter-departmental considerations and shall make every effort to establish consistent criteria, where appropriate.

3.3.2 In connection with reappointment, observed clinical performance and results of quality (performance) assessment/improvement activities shall be considered as well as other established criteria as specified in the Department’s Credentialing Policy and the Bylaws.

3.3.2.1 Where activity benchmarks are established, documented evidence of activity at other institutions may be considered.
3.3.3 Professional Staff Members who are Members of another Professional Staff Department may request privileges within the Department. Such requests shall be objectively considered on their merits.

3.3.4 Additional Privilege Requests

3.3.4.1 As consistent with the Bylaws, additional privileges cannot be requested in conjunction with reappointment. Such requests shall be submitted on the appropriate form and will not be considered complete until accompanied by supporting documentation as may be applicable.

3.3.5 Conditions of Clinical Privileges

3.3.5.1 Special conditions attached to specific clinical privileges, i.e., specific observation requirements, are defined in the Department’s Credentialing Policy included in the Core Privilege Form.

3.3.5.2 General conditions for observation and provisional status of initially-approved clinical privileges include observation as defined in Article IV of these Rules and/or as specifically defined in the Department’s Core Privilege Form.

3.3.5.3 All Professional Staff Members granted clinical privileges within the Department shall be required to meet established criteria for such privileges irrespective of their Department membership.

3.4 SPECIFIC CRITERIA FOR REAPPOINTMENT OF CERTAIN PRIVILEGES

3.4.1 Deliveries – Members must perform an average of 40 deliveries per year and an average of 50 gynecologic surgery procedures per year during the preceding two-year period. This criterion shall not apply to the first two (2) years of practice.

3.4.2 Failure to meet recredentialing criteria – Failure to meet the criterion as established by the Department for recredentialing of privileges shall initiate automatic review of cases performed. Following such review, a recommendation to the Department for approval of reappointment/credentialing of such privileges, conditional reappointment/credentialing of privileges, i.e., re-initiation of observation for a stated period of time, or revocation of privileges due to failure to meet reappointment/credentialing criterion shall be made. Subsequent to final action by the Board, recommendation for revocation of privileges shall entitle Members to due process in accordance with Fair Hearing provisions in the Bylaws.

3.4.3 Activity numbers from other institutions with the community may be counted toward the 40 and 50 case requirements. A list of cases must be accompanied by a statement from the chief of OB/GYN at the institution attesting to the Member’s activity.
3.5 REQUESTS FOR MODIFICATION OF APPOINTMENT OR REDUCTION OF PRIVILEGES

3.5.1 Requests for modification of membership status or reduction of clinical privileges may be requested at any time, including in conjunction with reappointment.

ARTICLE IV. OBSERVATION SYSTEM

4.1 GENERAL OBSERVATION REQUIREMENTS FOR DEPARTMENT APPOINTMENT

4.1.1 All initially appointed Members of the Department shall be provisionally appointed and must satisfactorily complete the observation requirements of the Department within a period of twelve (12) months.

4.1.2 Initially privileged Professional Staff Members, who are not Members of the Department, must also meet observation requirements specific to the privilege(s) granted under the auspices of the Department. Such requirements are stated in the Core Privilege Form.

4.2 ASSIGNMENT OF OBSERVERS

4.2.1 The Chairman of the Department shall assign observers for each initially appointed Member or other Practitioner granted privileges within the Department.

4.2.2 Any non-Provisional Member of the Department with the same privileges as the practitioner being observed shall be assigned to each initially appointed Member and Practitioner holding privileges within the Department.

4.2.3 When possible, Members who have not provided post-graduate training for the initially appointed Member and/or Practitioner and/or who are not office partners shall be assigned as observers.

4.3 RESPONSIBILITY OF OBSERVERS

4.3.1 Under the general observation requirements related to Department membership, each observer shall conduct evaluation of surgical techniques and evaluation of pre- and postoperative care, which may be done retrospectively. The number of cases to be observed by each observer is established in the Core Privilege Form.

4.3.2 It is the responsibility of the observer to reasonably accommodate the initially appointed Member or Non-Member Practitioner initially granted privileges. Where observer availability conflicts arise, the matter shall be referred to the Department Chairman by the observer or the provisional Member or Practitioner.

4.3.3 The observer must immediately complete the observation work sheet established by the Department for each case observed and forward it to the Chairman through the Medical
Staff Services Department. Peer Review Observation Forms shall be provided to the Member or Non-Member Practitioner and also maintained in the Medical Staff Services Department.

4.3.4 The observer shall notify Surgery Scheduling at such time that it is established that he is the case-specific observer. Concurrent observation may be waived by the Department Chairman. Such waiver shall be documented on the Peer Review Observation Form.

4.3.5 Upon completion of observation of a major case, a written recommendation shall be made to the Department Chairman, through the Medical Staff Services Department, by the observer. Such recommendation shall be consistent with these Rules, Section 4.3.3.

4.4 RESPONSIBILITY OF PROVISIONAL MEMBER OR PRACTITIONER UNDER OBSERVATION STATUS

4.4.1 It is the responsibility of the provisional Member or Practitioner holding provisional privileges in the Department to contact one of his observers in a timely fashion to establish the case-specific observer.

4.4.2 The observee shall indicate the observer to Surgery Scheduling at the time the case is scheduled.

4.4.3 The observee shall maintain a log of cases observed and who observed the case, providing a copy for reference to the Department Chairman, through the Administrative Liaison.

4.4.4 The observee shall address any questions or concerns regarding his observation to the Department Chairman.

4.5 EXTENSION OF OBSERVATION

4.5.1 Any Member under observation may request, in writing, extension of the observation period. A recommendation of extension of the observation period, for no greater than two (2) years may also be recommended by the Chairman upon request of the observers for stated cause.

4.6 COMPLETION OF OBSERVATION

4.6.1 Upon completion of observation requirements, the observer(s) shall review and evaluate the Member’s performance and shall make a recommendation to the Department Chairman.

4.6.2 Upon receipt of a recommendation, the Department shall consider the recommendation and shall forward its written recommendation to the PSEC through the Credentials Committee to: (1) recommend approval without further observation; (2) extend the observation period for stated cause; or (3) recommend that the Member’s or Practitioner’s
request be denied and/or that Professional Staff membership be terminated. The reasons for denial/revocation of appointment and/or clinical privileges shall be explicitly stated.

4.7 FAILURE TO COMPLETE OBSERVATION REQUIREMENTS

4.7.1 Failure of the Professional Staff Member to complete the observation requirements within the designated period shall result in re-evaluation of the application for appointment and/or privileges in the Department as applicable. Any Professional Staff Member with provisional status may, in writing or in person, request extension of the observation period or reconsideration of his application. Extensions of the observation period shall not extend such time beyond two (2) years from the initial appointment date.

4.7.2 As consistent with the Bylaws, Professional Staff Members who fail to complete the observation requirements due to inactivity may reapply for Professional Staff membership and/or clinical privileges.

ARTICLE V. QUALITY IMPROVEMENT AND PEER REVIEW

5.1 COMPOSITION

5.1.1 The Quality Improvement Committee shall consist of Active Staff members who remain in good standing throughout the tenure of membership on the Committee. Those present and eligible to vote (but not less than three members) shall constitute a quorum. The Committee will meet no less than quarterly.

5.2 SELECTION AND TENURE

5.2.1 Member volunteers will be solicited by the Department Chair. If additional members are needed to fulfill composition requirements, members will be selected by the Department Chair.

5.2.2 Each member shall serve a two (2) year term, commencing on the first day of the calendar year following his/her appointment to the Committee. Members may remain on the Committee for as long as they remain Active Staff members.

5.2.3 Committee members will appoint a Chairman who is currently an active Committee member, who will fulfill a two (2) year term as that officer. The Chairman will be responsible to train the Chairman-Elect, prior to vacating office.

5.2.4 Selection and tenure of members will occur on a staggered schedule, to ensure continuation and understanding of Committee functions and duties.

5.3 FUNCTIONS AND DUTIES

5.3.1 The Committee, as directed by the Hospital Quality Improvement Plan, will work to ensure effective function of methods for quality assessment and improvement activities.
5.3.2 The mechanisms for review may include primary retrospective review of patient care for the purposes of evaluating the quality of care and selecting cases for discussion and education of department members. Results of the surveillance and review activities will be reported to the appropriate departments/committees, as directed by the Bylaws or other governing documents.

ARTICLE VI. OFFICERS

6.1 ELECTION OF OFFICERS/TERM OF OFFICE

6.1.1 Eligible voting Members of the Department who have attended at least 75% of Department meetings in the last two years shall elect a Chairman and a Vice Chairman.

6.1.2 The terms of office for the Chairman and the Vice Chairman shall be for a period of two (2) years as consistent with the Bylaws and concurrent with the term of elected officers of the Professional Staff.

6.1.3 Election of officers shall be held at the last Department Meeting of the year. A majority vote is required for election of each officer and is subject to the approval of the PSEC and Board of Trustees as consistent with the Bylaws. Ballots will be distributed at the meeting and e-mailed to Members that are not in attendance.

6.2 QUALIFICATIONS FOR OFFICERS

6.2.1 Chairman

6.2.1 The Chairman must have been an Active Member of the Department for at least five (5) years; and

6.2.1.1 The Chairman shall be Board Certified in Obstetrics and Gynecology; and

6.2.1.2 The Chairman shall be a Member who has demonstrated leadership and management capabilities and agrees to assume the responsibilities of the office as defined in these Rules.

6.2.2 Vice Chairman

6.2.2.1 The Vice Chairman must have been an Active Member of the Department for at least three (3) years; and

6.2.2.2 The Vice Chairman shall be Board Certified/Board Eligible in Obstetrics and Gynecology; and

6.2.2.3 The Vice Chairman shall be a Member who has demonstrated leadership and management capabilities and agrees to assume the responsibilities of the office as defined in these Rules.
6.3 RESPONSIBILITY OF OFFICERS

6.3.1 Chairman

6.3.1.1 The Chairman, or his designee, shall be the presiding officer of the Department meetings and shall represent the Department on the Surgical Executive Committee and PSEC. He shall be an Ex-Officio Member of all other committees of the Department.

6.3.1.2 The Chairman shall be responsible for carrying out all responsibilities and functions as designated in the Bylaws and shall be the Department’s representative on the PSEC.

6.3.1.3 The Chairman shall be responsible for establishing and supervising the emergency call schedule for the Department.

6.3.2 Vice Chairman

6.3.2.1 The Vice Chairman shall act on behalf of the Chairman in his absence, illness, or inability to act or to assist in carrying out specific duties on behalf of the Department as may be delegated by the Chairman.

ARTICLE VII. COMMITTEES

7.1 OBSTETRICS & GYNECOLOGY EXECUTIVE COMMITTEE

7.1.1 The Chairman, Vice Chairman, immediate Past Chairman and Quality Improvement Committee Chairman shall constitute the Executive Committee of the Department. In the event that an immediate Past Chairman is not available, a senior member (board certified, greater than five years on Active Staff) of the Department may be appointed by the Department Chairman.

7.1.2 The Obstetrics & Gynecology Executive Committee shall be an ad hoc committee, which will be called upon as deemed appropriate by the Chairman. It shall keep proper minutes of its meetings and present these minutes and recommendations at the Department meeting. A quorum for conducting business represents at least two (2) Members of the Committee.

7.1.3 The Obstetrics & Gynecology Executive Committee may receive and act upon applications for appointment and privileges, and advancement of privileges submitted to the Obstetrics & Gynecology Department.

7.1.4 The Obstetrics & Gynecology Executive Committee may review complaints against appointees of the Department.

7.1.5 The Obstetrics & Gynecology Executive Committee may also perform any activities delegated to it by the Department or the Chairman.
7.2  OBSTETRICS & GYNECOLOGY NEW TECHNOLOGY COMMITTEE

7.2.1 A New Technology Committee chairman and members may be appointed by the Department Chairman. The Committee chairman reports to the Department Chairman.

7.2.2 The New Technology Committee shall be an ad hoc committee, which will be called upon as deemed appropriate by the Committee or Department Chairman.

7.2.3 The New Technology Committee shall review literature on any new surgical product or procedure for presentation to the Department to allow the most balanced decision without the direct influence of industry pressure.

7.3  AD HOC COMMITTEES

7.3.1 Ad Hoc committees may be appointed at the discretion of the Department Chairman.

ARTICLE VIII. MEETINGS AND ATTENDANCE REQUIREMENTS

8.1  FREQUENCY OF DEPARTMENT MEETINGS

8.1.1 The Department shall, at a minimum, meet quarterly at a time and place as established by the Chairman in consultation with Department Members.

8.1.2 Special meetings of the Department may be called at the discretion of the Chairman and/or must be called by the Chairman at the request of at least three (3) Active Members. At least three (3) business days written notice shall be provided in the usual manner for such special meetings.

8.1.3 Members eligible to vote and present, but at least three (3), shall constitute a quorum as prescribed by the Bylaws.

8.2  ATTENDANCE REQUIREMENTS

8.2.1 Meeting attendance requirements shall be consistent with the Bylaws and General Rules of the Professional Staff.

ARTICLE IX. GENERAL RULES

9.1  CONSULTATIONS

9.1.1 Members shall request or may be required to have consultations as consistent with the General Rules of the Professional Staff.

9.1.2 Except in an emergency, it is understood that Members shall request consultation when a procedure or management of a medical problem is outside the scope of their clinical privileges.
ARTICLE X. ADOPTION AND AMENDMENT

10.1 DEPARTMENT RESPONSIBILITY AND AUTHORITY

10.1.1 The Department shall have the responsibility and delegated authority to formulate, adopt and recommend Rules and Amendments for the Department of Obstetrics and Gynecology after recommendation to the PSEC and subject to the approval of the Board of Trustees.

10.1.2 Endorsement of a two-thirds (2/3) majority of the eligible voting Members is required.

10.2 AMENDMENT

10.2.1 Upon recommendation to the PSEC and subject to the approval of the Board of Trustees, these Rules may be amended by a two-thirds (2/3) majority of the eligible voting Members of the Department.

10.3 PERIODIC REVIEW OF DEPARTMENT RULES

10.3.1 These rules shall be reviewed at least every two (2) years.

10.4 GLOSSARY

10.4.1 All terms utilized in the context of these Rules shall be consistent with the terms defined in Article II of the Bylaws.
10.5 ADOPTION

10.5 The foregoing Rules were adopted and recommended to the PSEC and the Board of Trustees in accordance with and subject to the Professional Staff Bylaws.

ADOPTED AND APPROVED:

_________________________________________  _________________________
Chairman, Department of Obstetrics and Gynecology  Date

_________________________________________  _________________________
Professional Staff Executive Committee  Date

_________________________________________  _________________________
Board of Trustees  Date