

**South Austin Medical Center**  
**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**Rules and Regulations**

**I. Name and Purpose**

- A. The department shall be designated **Department of Obstetrics and Gynecology**.
- B. The department shall carry out the functions and directives specified in the medical staff bylaws concerning purposes and functions of the departments insofar as applicable to the practice of obstetrics and gynecology at South Austin Hospital.

**II. Functions and Responsibilities**

- A. The department shall:
  - 1. assist the medical executive committee and the Board in the granting and delineation of obstetrics and gynecologic privileges;
  - 2. monitor and assess the quality of obstetric and gynecologic care administered in the hospital;
  - 3. promote harmonious working relationships among staff members in the department, nursing service, hospital employees, and the administration;
  - 4. coordinate patient care activities and responsibilities with other departments;
  - 5. assist with patient education or programs as needed;
  - 6. provide and evaluate continuing education for physicians and nurses;
  - 7. perform such other functions as may be necessary or appropriate relating to obstetric and gynecologic care at the hospital.
- B. The department shall assist in the appointment and reappointment process, including the evaluation of applications for clinical privileges, verified credentials and demonstrated current ability, experience, background, education and training.
- C. The department shall conduct concurrent utilization review to determine whether inpatient services are based on individual medical needs. Also, the department shall conduct retrospective review and evaluation of the quality of patient care. the department shall report to the executive committee the results of its findings and make recommendations concerning the implementation, operation, and results of quality assessment activities.
- D. The department shall identify community health needs and appropriate goals to meet those needs as they relate to obstetric and gynecologic care.
- E. The department shall assist in the formulation and carrying out of medical staff rules relating to obstetrical care, interruption of pregnancies, and newborn care.

**III. Assignments and Membership**

- A. Assignment to, or membership in the Department of Obstetrics and Gynecology will be limited to physicians who have completed a residency program in obstetrics and gynecology approved by the Accreditation Council on Graduate Medical Education and American College of OB/GYN. Members shall be OB/GYN Board eligible or certified.
- B. Membership in the department will at all times be equivalent to the physician's status as a member of the Hospital's medical staff.

- C. Members will be expected to attend department meetings; participate on committees and subcommittees; and participate in department functions, including chart review, proctorship and educational activities.
- D. All Active members are required to provide Emergency Call Coverage. Emergency Department call may be dropped if the physician is not taking OB patients. Physicians will have the option of discontinuing emergency room call at age 55 or having over 15 years of service.
- F. The scheduler of the ER call schedule will attempt to not schedule each physician more than two weekends and not more than 72 hours straight, unless a backup physician is provided. The backup physician is to be listed on the call schedule. (2/01)

**IV. Officers and Voting**

- A. The department shall elect officers as provided in the medical staff bylaws and/or rules and regulations.
- B. The chairperson will preside over department meetings and represent the department on the medical staff executive committee. In the chairperson's absence the vice chairperson will represent the department.
- C. Only department members of active staff status will be eligible to hold department office.
- D. No department officer may be elected for more than two consecutive terms.
- E. All department members of active staff status are eligible to vote at department meetings. Voting must be in person, and not by proxy. The department chairman may vote on any matter presented.
- F. A quorum consisting of 10% of active members, but no less than 3 members, is required for approval of department matters, except that two-thirds majority vote is required to (a) amend these rules and regulations, (b) approve a term of office beyond two consecutive terms, and (c) remove an officer.

**V. Privileges**

**ABILITY TO PERFORM PRIVILEGES REQUESTED:** Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.

**CURRENT LICENSURE:** Documentation of current Texas state medical license must be provided.

**TRAINING/EXPERIENCE FOR THE FOLLOWING CATEGORIES:**

**Minimum Threshold Criteria:** Physicians who can show successful completion of an Accrediting Council for Graduate Medical Education-approved residency training program in OB/GYN and have met the Board certification requirements as outlined in Medical Staff bylaws. Participation in continuing education in the field of OB/GYN is required.

For OB privileges, the following Perinatal Safety course must be completed: Advanced Fetal Heart Monitoring. The course must be completed within 90 days of medical staff appointment or reappointment (if not already completed).

**DEMONSTRATED CURRENT COMPETENCE:**

**FOR INITIAL GRANTING OF PRIVILEGES:** Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance. For

invasive procedures, documentation should address the types of procedures performed, demonstrated skill, appropriateness, and successful outcomes. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.

**FOR RENEWAL OF PRIVILEGES:** Competence must be demonstrated by an adequate volume of experience with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical service recommendations.

**SPECIFIC CREDENTIALING CRITERIA FOR SPECIAL, INVASIVE, OR HIGH-RISK PROCEDURES:**

Advanced operative laparoscopy :

1. Previous laparoscopy experience
2. Completed GYN surgery training
3. Course in advanced operative laparoscopy
4. Laboratory for operative laparoscopy
5. Continued surgical practice

Endometrial Ablation:

1. Certificate from operative or diagnostic course
2. Preceptorship on one case

Hysteroscopy (Diagnostic and Operative):

1. Certificate from operative or diagnostic course
2. Preceptorship on one case

Use of the surgical laser for invasive procedures:

1. Training in laser use during residency which is verified; or
2. Attendance at a laser course (attach certificate or letter of completion); and
3. Laser use with supervision at any hospital for three cases.

**VI. Performance Improvement and Peer Review**

- A. The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

<b>Approved by Department:</b>	<b>5/20/10</b>
<b>Approved by Medical Executive Committee:</b>	<b>6/11/10</b>
<b>Approved by Board of Trustees:</b>	<b>6/17/10</b>