

LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
(CCH, GCMC & HPMC & LMH)
RULES AND REGULATIONS

I. MEMBERSHIP REQUIREMENTS:

All members of the Department of Obstetrics and Gynecology (OB/Gyn.) shall be board certified or at the time of application, meet all requirements for board certification, i.e., trained and qualified to take the board examination in accordance with the M.S. Bylaws, PART III, Section 2.1.6 as a requirement for appointment.

II. DEPARTMENT STRUCTURE AND MEETINGS:

The Department of OB/Gyn. of Cape Coral Hospital, Gulf Coast Medical Center, Lee Memorial Hospital and HealthPark Medical Center are combined into 1 (one) department. A physician from each facility will be elected to chair the combined Dept. of OB/Gyn. meeting and serve on their respective Facility Medical Executive Committees.

This combined Department will meet at least quarterly.

III. SECTIONS OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY:

A. ESTABLISHMENT OF CLINICAL SECTIONS:

Clinical Sections may be established as specified in the M.S. Bylaws, PART I, Section 6.1.1.

B. SECTION NAME:

The following section within the Department of Obstetrics and Gynecology will be established:

1. Gynecologic Oncology Section
2. Maternal Fetal Medicine Section

IV. EMERGENCY CALL (GENERAL PROVISION):

It will be the responsibility of the physician on call to find a replacement if he is unable to respond when called by the Emergency Department. If the physician on call is in surgery, he may discuss with the Emergency Department physician who might be contacted in his place. If the physician on call cannot be reached, the following procedure is used:

- a. Call the physician or the group covering for the physician on call the previous twenty-four hours.
- b. If he is unavailable, call the physician or group covering for that surgeon that was on call forty-eight hours prior.
- c. If he is unavailable, use the overhead paging system to see if a physician is available.

- d. If all of the above fails, call the Chairman of the Department of Obstetrics & Gynecology.

V. GYNECOLOGY EMERGENCY CALL:

The gynecology call schedule shall consist of all physicians with gynecology privileges.

- A. Gynecologic oncologists are exempt from gynecology emergency call but will provide backup for gynecologic oncology patients.
- B. CCH - There must be a minimum of ten (10) gynecologists on the Emergency Dept. call schedule in order for a physician to request to be relieved of his/her duties.
GCMC - There must be a minimum of eight (8) gynecologists on the Emergency Dept. call schedule in order for a physician to request to be relieved of his/her duties.
HPMC - There must be a minimum of eight (8) gynecologists on the Emergency Dept. call schedule in order for a physician to request to be relieved of his/her duties.
LMH - There must be a minimum of eight (8) gynecologists on the Emergency Dept. call schedule in order for a physician to request to be relieved of his/her duties.
- C. As long as there is adequate gynecology coverage at both hospitals, GCMC and HPMC gynecologists may choose the location they wish to take gynecology call. Any requests for changes in location coverage must be submitted in writing at least thirty (30) days prior to the ED gynecology call quarter (i.e., by March 1st for the April-May-June quarter, etc.) and must be approved by both Department Chairmen prior to implementation.

VI. OBSTETRICAL EMERGENCY CALL:

The obstetrical call schedule for CCH & GCMC shall consist of all physicians with obstetrical privileges.

- A. There must be a minimum of ten (10) obstetricians on the Emergency Dept. call schedule in order for a physician to request to be relieved of his/her duties.

VII. OB TRAUMA CALL:

Obstetricians who are covering the OB trauma program shall have a call responsibility at their primary facility (in addition to their OB trauma call responsibility at LMH), but not be required to take call at all hospitals where they have privileges.

VIII. UNASSIGNED OBSTETRICAL AND GYNECOLOGY PATIENTS:

CCH, GCMC, HPMC AND LMH - The physician on gynecology call shall be responsible for all unassigned gynecology patients during his/her specific twenty-four hour call period (even if the patient was seen in the Emergency Department

the day before), including a follow-up office visit for those patients evaluated in the Emergency Department during his/her call period.

All CCH, GCMC, HPMC and LMH unassigned patients less than 20 weeks gestation are considered gynecology patients and will be covered by the gynecologist on call.

IX. PHYSICIAN/PATIENT RELATIONSHIP:

If a patient has made an appointment with a physician, but has not yet been seen, the physician is not responsible to see the patient in the Emergency Department. The Emergency Department may make a courtesy call to the physician to inquire if he wants to accept the case; if not, the patient will go to the physician on the backup roster.

X. PHOTO/VIDEO RECORDING:

Photos and video recording is prohibited during the birth process. Photos and video recording of the baby may be made after delivery when the mother and baby are stable, in accordance with Policy #S10-02-717 – Photography, Videotaping, Audiotaping and Other Multi-Media Imaging for Patient Care and Other Purposes.

XI. PRIVILEGING CRITERIA:

Obstetrics – Only members of the Associate or Active Staff or Certified Nurse Midwives may perform deliveries. Specialty privileges granted as requested on delineation of privileges application will be based on documentation of training and/or experience as per criteria outlined below:

A. Operative Laparoscopy:

1. Each applicant must be a member in good standing within the Department of Obstetrics & Gynecology.
2. Each applicant should have experience utilizing the laparoscopy for diagnostic or sterilization procedures or both. Experience should include use of video monitors to direct procedures in addition to operating through the laparoscope.
3. Each applicant must have documented resident education and experience or didactic program experience, usually obtained by a course in operative laparoscopy which has been approved for AMA category I credits or ACOG cognates.
4. Each applicant shall be observed on his/her first two operative laparoscopic cases. The observer shall make a written evaluation to the Department Chairman.

B. Operative Hysteroscopy:

1. Each applicant must be a member in good standing within the Department of Obstetrics & Gynecology.

2. Each applicant must have experience utilizing the hysteroscopy for diagnostic procedures.
3. Each applicant must have documented resident education and experience or must have completed a course in operative hysteroscopy which has been approved for AMA category I credits or ACOG cognates.
4. Each applicant shall be observed on his/her first two operative hysteroscopic cases. The observer shall make a written evaluation to the Department Chairman.

C. VBAC Deliveries

1. Practitioners who perform VBAC deliveries shall follow ACOG recommendations on the management of these patients. Specifically, a physician, credentialed to perform C-sections shall be immediately available (on the hospital premises) throughout the active phase of labor (4-5 cm dilatation with regular contractions) or if any uterine stimulating agents are in use, regardless of the stage of labor.

XII. CERTIFIED NURSE-MIDWIFE:

A. GENERAL GUIDELINES:

The Certified Nurse-Midwife (C.N.M.) will function under the supervision of an attending staff physician obstetrician performing clinical tasks for normal healthy women. The patient must meet the criteria for C.N.M. management or may be approved for C.N.M. care at the discretion of the obstetrician. The responsibility for the actions of the C.N.M. lies with the obstetrician. The obstetrician will assure that proper certification procedures with the Florida State Board of Nursing are followed and that the delineation of privileges outlines the actual duties performed by the

C.N.M. Clinical privileges granted at Lee Memorial Health System to the Certified Nurse-Midwife will coincide with the American College of Nurse-Midwives standards for the Practice of Nurse-Midwifery. The standards are intended to describe the clinical scope of practice granted to the Certified Nurse-Midwife. All Certified Nurse-Midwives are expected to request consultation in accordance with their Nurse-Midwifery Practice Guidelines. In an emergency, the Nurse-Midwife is authorized to treat obstetrical emergencies. The Department Chairman and the Executive Committee must approve the C.N.M.'s delineation of privileges. The performance of the C.N.M. will be evaluated by the supervising obstetrician-employer.

B. SPECIFIC GUIDELINES:

The C.N.M. must have written proof of graduation from an accredited school of Nurse-Midwifery and must be licensed and certified by the appropriate state agencies. Clinical privileges are under the auspices of the Department of Obstetrics and Gynecology and in accordance with the Medical Staff Bylaws.

Specific duties which may be performed by the Certified Nurse-Midwife as part of his/her specific delineation of privileges are outlined on the privilege delineation form.

DRAFTED 05-20-10

Approved by Dept. of OB/Gyn. – 06-15-10

Approved by CCH, GCMC, HPMC & LMH FMECs – August 2010