

LEE MEMORIAL HEALTH SYSTEM  
Lee County, Florida

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**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 as a requirement for appointment.

**II. MEETINGS:**

The Department of OB/GYN of Cape Coral Hospital, Lee Memorial Hospital and HealthPark Medical Center are combined into 1 (one) Department. A single Department Chairman shall be chosen to serve on the Executive Committees. It is the prerogative of the chairman to request another OB/GYN physician to attend an Executive Committee meeting in his/her place to represent the department.

This combined Department will meet at least quarterly.

**III. EMERGENCY CALL:**

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.

**IV. GYNECOLOGY EMERGENCY CALL:**

The gynecology call schedule shall consist of all physicians with gynecology privileges. One shall not be required to be on the gynecology call schedule if:

- A. He/she does not practice gynecology in his/her private practice.
- B. He/she has practiced gynecology in his/her private practice for over 15 (fifteen) years at either Lee Memorial Hospital/Health Park Medical Center or Cape Coral Hospital, and has taken ER call for at least 15 (fifteen) years.
- C. Gynecologic oncologists are exempt from gynecology emergency call but will provide backup for gynecologic oncology patients.

There must be a minimum of 15 (fifteen) remaining gynecologists on staff to take Emergency Room call in order for a physician to be relieved of his/her duties.

**IV. Unassigned Obstetrical and Gynecology Patients**

CCH - The physician on Gynecology call shall be responsible for all unassigned obstetrical and 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 (regardless of the patient's ability to pay).

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

**V. PHYSICIAN/PATIENT RELATIONSHIP:**

If a patient has made an appointment with a physician, but has not yet been seen, the physician would not be 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.

**VI. 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.

**VII. SECTIONS OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**A. SECTION NAME:**

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

1. Gynecologic Oncology Section

**B. SECTION MEMBERSHIP:**

1. Each physician practicing within a subspecialty with privileges in that subspecialty will be a member of that subspecialty section and also a member of the Department. All new members of the Department of Obstetrics and Gynecology who have completed an approved fellowship in a subspecialty will automatically become a member of that subspecialty section.

**C. SECTION MEETINGS:**

Each section should meet at least twice a year, or as frequently as needed. Section Chief to determine schedule of meetings.

**D. SECTION FUNCTIONS:**

Members of the section will:

1. Meet at least twice a year or as frequently as needed.
2. Elect a section chief to serve a two-year term of office.
3. Review criteria for granting privileges for performing specialty or subspecialty procedures on an annual basis.
4. Will assist hospital administration, if requested, in matters related to specialty or subspecialty planning.
5. Address problems within the section and if necessary, recommend action to the Department of Obstetrics and Gynecology.

**E. SECTION CHIEF FUNCTIONS:**

1. Interview all new physicians applying for staff privileges within his/her specialty or subspecialty.
2. Serve as liaison to Chairman of the Department of Obstetrics and Gynecology on quality related issues brought to the Department.
3. Represent his/her section at Department of Obstetrics and Gynecology meetings.
4. Document minutes of section meetings.

**VII. CRITERIA FOR GRANTING PRIVILEGES:**

Obstetrics – Only members of the Associate/Provisional, Active or Courtesy 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 extensive 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/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 extensive 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.

**VIII. 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

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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 Lee Memorial Health System Medical Staff Bylaws and Cape Coral Hospital 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.

Approved by Dept. of OB/GYN – 12/6/99  
Approved by CCH Executive Committee – 3/9/00  
Approved by LMHS Executive Committee – 3/21/00  
Approved by LMHS Board of Directors – 8/3/00  
Approved by Dept. of OB/Gyn. 03-11-02  
Approved by LMHS Exec. Comm. 04-16-02  
DRAFT by Dept. of OB/Gyn. – 12-09-03  
Approved by Dept. of OB/Gyn. – 06-08-04  
Approved by LMHS Executive Committee – 06-15-04  
Approved by CCH Executive Committee – 07-15-04  
Approved by LMHS Executive Committee – 09-20-05  
Approved by CCH Executive Committee – 10-13-05  
Approved by Dept. of OB/Gyn. – 09-12-06  
Approved by CCH Executive Committee – 09-14-06  
Approved by LMHS Executive Committee – 09-19-06  
Approved by the Dept. of OB/Gyn. – 12-12-06  
Approved by LMHS Executive Committee – 12-19-06  
Approved by CCH Executive Committee – 01-11-07