



Origination 03/2024  
Last Approved 01/2025  
Effective 01/2025  
Last Revised 01/2025  
Next Review 01/2026

Owner Janette Dirks:  
Senior Manager  
Medical Staff  
Services  
Department Area Medical Staff  
Applicability AK - Providence  
Alaska MC

## Department of Obstetrics and Gynecology Rules & Regulations

# Department of Obstetrics and Gynecology Rules and Regulations

### Membership

Application for membership in the Department of Obstetrics and Gynecology (Dept. of OB/GYN) shall be as outlined in the Medical Staff Bylaws. Members will consist of physicians who have completed the credentialing and privileging process and have been approved by the Providence Alaska Regional Board (PARB) to practice as an Obstetrician and/or Gynecologist at Providence Alaska Medical Center (PAMC).

Certified Nurse Midwives (CNMs) are granted voting rights within the OB/Gyn Department.

### Chair

See PAMC Medical Staff Bylaws, Section 4.B Department Chairs, for details.

### Consultations

All physicians in the Dept. of OB/GYN are expected to obtain appropriate consults for patients when diagnosis is obscure, when the usual or expected response to therapy is not forthcoming, or when a significant aspect of the clinical problem is outside the physician's realm of care.

## **Trial of Labor After Cesarean Section (TOALC)**

A physician with cesarean section privileges will be in house when there is a TOLAC patient in labor. TOLAC patients require an evaluation and note by physician with cesarean section privileges at time of admission. The TOLAC patient must sign the TOLAC and cesarean section consent forms at time of admission. The physician with cesarean section privileges must be present in house during the TOLAC labor even if the labor is being managed by CNM or Family Medicine physician (FM MD) without cesarean section privileges. CNM or FM MD without cesarean section privileges will get consultation by physician with cesarean section privileges at time of admission. Anesthesia will be notified at time of admission of TOLAC patient.

## **Assisting in Surgery**

All obstetrical and gynecologic surgeries at PAMC require an assisting surgeon licensed as an independent practitioner and with the required skills and qualifications deemed necessary by the primary surgeon, unless specified otherwise by that primary surgeon.

## **Proctoring**

Reappointment to the Dept. of OB/GYN will be in accordance with the Medical Staff Bylaws. In addition, any member having no (0) admissions to any Obstetrics/Gynecologic service in Alaska since his/her last reappointment will be required to be proctored by a Privileged Staff member of the Dept. of OB/GYN. Proctoring will be established at the time of the individual physician's reappointment.

## **Department Meetings**

The Dept. of OB/GYN meetings will be held during odd-numbered months and shall maintain a permanent record of its proceedings and actions.

These Department Rules and Regulations may be amended by a simple majority of those eligible to vote.

Voting members are those individuals classified as per the Medical Staff Bylaws; with the exception of CNM rights, as outlined in Membership above.

## **Quality Improvement**

The Dept. of OB/GYN will review the care rendered by its members on a routine basis.

## **Emergency Medical Treatment and Labor Act (EMTALA) Call**

All Physician members of the Dept. of OB/GYN that are on the Privileged Medical Staff that have admitting privileges are required to take EMTALA call and must follow the hospital's rules governing EMTALA call.

Exemptions from EMTALA Call include:

- Those members that reach the age of 60 and have served at least 10 years on the Medical Staff at PAMC are allowed, but not required, to take EMTALA emergency call. To request an exemption, members must submit a written request to the Department Chair. Once approved by the Department Chair, the request is sent to the Medical Executive Committee for final approval.
- The Dept. OB/GYN Chair will be excused from the EMTALA Call schedule during the time of his/her Chairmanship.
- Perinatologist (Maternal-Fetal Medicine)
- GYN Oncologist

## **Emergency call will be taken with the following considerations:**

- If a patient comes into the Emergency Department (ED) under 16-20 weeks and has not yet established care with a clinic but can identify who did their previous provider was for their previous pregnancies or they have a pending appointment with a provider, then that provider's office can be contacted and listed as first point of contact for patients. EMTALA provider will be listed as back-up contact for patients. Safety clinics will be added as tertiary contact.
- When GYN patients come to ED and can identify a provider as her own and have been seen in last three years, then that provider's clinic will be listed as main point of contact with EMTALA provider listed as back up.
- If a patient comes to OB Triage with no prenatal care, but is being discharged, then patient's first point of contact will be EMTALA provider and home clinic information can be offered if they want as second. Safety clinics will be added as tertiary contact for patients.
- If a patient comes to OB Triage with no prenatal care, but is being admitted or is delivering, then OB Hospitalist Group will help with delivery or admission, but post-discharge care will fall to EMTALA provider.

**Historical Approval of Rules and Regulations** - Effective: 11/90; Revised: 11/93; 1/01; 12/01, 4/05, 2/06, 2/07, 8/09, 3/11, 1/14, 9/17, 3/18, 6/2021, 01/2023

# **OB/GYN Quality Outcomes and Improvement Conference (QOIC)**

## **Purpose of the Conference**

To learn from cases with both excellent and adverse outcomes in order to improve systems and individual performance and to enhance safety and quality in our medical care.

The conference reports to the Dept. of OB/GYN.

## **Meeting Logistics**

The meeting takes place the third Wednesday, of each monthly, at 12:15pm, subject to change with notification, at the end of the agenda when there is an Obstetrics and Gynecology Department meeting.

There will be maximum 4 case presentations per meeting when there is NOT a Department Meeting, and maximum 2 case presentations when there is Department Meeting. Each presentation will be composed of 10 min presentation time and 5 min discussion, Q&A. This is a multi-disciplinary conference, everyone is welcome to attend.

## **Presenters**

The primary physician(s) involved in case. Nurses and midwives are also encouraged to present.

## **Selection of Cases**

Cases are identified based on quality indicators in OB and GYN. Self-reporting encouraged & rewarded.

### **Goal**

1-2 cases per year per attending. As incentive, when a provider presents 1 case a year, a letter of good standing in the department, will be added to their file. If a provider presents a 2<sup>nd</sup> case, a letter of commendation for outstanding effort in personal & team patient care improvement will be added to their file.

## **Quality Indicators**

### **Obstetrics:**

- Term infant admission to NICU (unplanned)
- Return to OR (unplanned)
- Sentinel events (transfusion  $\geq$  4 Units PRBC or admission to ICU)
- Maternal death (unexpected)
- Fetal death (unexpected)

### **Gynecology:**

- Return to OR (unplanned)
- Massive Transfusion Protocol
- Significant internal injury (ureteral transection, nerve injury, vascular injury, bowel injury)
- Severe wound infection

## **Urgent Operational Requirements (UORs):**

- UORs that fall outside the range of quality Indicators can be screened by Department Chair as to relevance for case presentation at QOIC.
- Department Chair to address most UOR issues directly with physician involved.

## **Documentation: "QOIC Case Review Form"**

The presenter will fill out the QOIC Case Review Form and return it to the Professional Practice Office. This form will be signed by the Department Chair and the Presenting Provider. This form takes place of formal minutes provided documentation that these cases were reviewed for Physician Quality Committee (PQC).

A template following this Case Review Form will be provided for the provider to present.

## **Continuing Medical Education**

Providence Health System designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Presenters are required to complete a Conflict Of Interest Form for Disclosure of Financial Relationships. If there are Conflicts of Interests, the CME team will work to resolve them when possible, if the conflict cannot be resolved, the activity will not qualify for CME.

## **Perinatal Committee, Department of OB/GYN**

### **Purpose of the Committee**

The function of the Perinatal committee is to provide oversight of the standards of care as defined by the American College of Obstetrics and Gynecology, the National Perinatal Standards (ACOG and AAP), and the standards of the American College of Nurse Midwives as well as the Association of Women's Health, Obstetric, and Neonatal Nursing. In so doing, the committee monitors quality improvement outcomes and identifies systems of care that may need to be monitored. Recommendations for monitoring quality indicators can come from the OB/GYN Risk Management committee, trend reports, data monitoring, or case reviews of untoward outcomes. The committee also reviews proposed changes in care processes such as protocol development, changes in pharmacological interventions or changes in care processes. Finally, the committee functions as a cross disciplinary committee providing for a forum to discuss care delivery by obstetrics, neonatal intensive care, high risk obstetrics, newborn nursery care and anesthesia.

The committee reports to the Dept. of OB/GYN.

### **Authority**

The committee recommends any changes to the Department of OB/GYN for review and approval.

### **Membership of the Committee**

- Chair: Active member of the Department of OB/GYN
- One to two active members of the Department of OB/GYN including at least one Perinatologist
- Current Department Chair of OB/GYN
- One active member from the Department of Family Medicine
- One Family Medicine Residency Faculty

- One Certified Nurse Midwife
- Medical Director of the NICU
- One active member from the Department of Pediatrics - that member may be one of the co-chairs of the Newborn Nursery committee

## Support of the Membership of the Committee

- Clinical Manager of Maternity Services
- Administrator of the Children's Hospital
- Clinical Nurse Specialist of Maternity Services
- Medical Staff Services Department Support Staff

Additional members are invited when specific topics warrant their inclusion in the discussion.

**Historical Approval of Perinatal Committee** - Effective: 12/2001; Reviewed/Revised: 4/2005, 2/2006, 9/2022, 9/2023

## Attachments

[📎 QI Outcomes Conference Case Review Form.docx](#)

## Approval Signatures

Step Description	Approver	Date
Board	Governing Board Committee [AT]	01/2025
General Staff Review (30 days)	General Staff Review: (30 days) [AT]	01/2025
MEC	Medical Executive Committee: MEC [AT]	11/2024
Bylaws	ByLaws Committee [AT]	10/2024
Owners	Amanda Moomey: Director Medical Staff Services [AT]	09/2024

## Applicability

AK - Providence Alaska MC

## Standards

No standards are associated with this document