

**SHADY GROVE ADVENTIST HOSPITAL  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
RULES AND REGULATIONS**

**I. PURPOSE**

The Department of Obstetrics and Gynecology is organized for the purpose of securing the highest standards of medical care for patients hospitalized in the Shady Grove Adventist Hospital. Also, the Department of Obstetrics and Gynecology is organized for the purpose of supervising the professional activities of the physicians who attend patients, to assist and provide continuing professional education to the members of the department, to supervise and implement any proposed teaching program and to provide an organized and organizational relationship between this and other departments as well as its members in relation to the departments and the hospital in general.

The above purpose as well as all Rules and Regulations of the Department of Obstetrics and Gynecology are in accordance with and superseded by the Bylaws of the Medical Staff of Shady Grove Adventist Hospital.

**I. ORGANIZATION OF THE DEPARTMENT**

**A. Eligibility**

New applicants to the Department, MD's and DO's, must be certified by the American Board of Obstetrics and Gynecology. If the request for privileges include subspecialty core (i.e.; gynecologic oncology, maternal fetal medicine, reproductive endocrinology and infertility), those physicians shall be required to document subspecialty board certification.

Board Certification Status: Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

All new applicants must be board certified in their primary specialty with in 5 years of completion of their residency.

If fellowship trained, the applicant must be board certified in their sub-specialty within 5 years of fellowship completion in order to practice that sub-specialty in this institution.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

**B. Selection of Members**

Members are selected with duties and privileges defined according to the Bylaws of the Medical Staff of the hospital.

Physicians who are members of the Department of Obstetrics and Gynecology who meet the above criteria will have their application either for Initial Appointment to the Medical Staff or for Reappointment reviewed by the Department Chair. Following this review, a recommendation will be forwarded to Credentials Committee, the Medical Executive Committee, and the Governing Board for final action.

The Medical Staff consists of the following divisions: Active, Provisional, Community, Courtesy, Consulting ~~and~~ Emeritus and Members only staff.

**SHADY GROVE ADVENTIST HOSPITAL  
RULES AND REGULATIONS  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
Page Two**

**C. Duties of Members**

The Active Staff members of the Department of Obstetrics and Gynecology have the responsibility for performing all departmental organizational and administrative duties pertaining to the Medical Staff. The members are responsible for attendance and interaction at all assigned committees, attendance at departmental and Medical Staff meetings, and effective interaction and teaching if so assigned in relation to a functioning teaching program. The members of the Active Staff are entitled to vote at all such meetings, unless otherwise specified at any time by the Bylaws. Members of the Active Staff may hold elective offices in the Department of Obstetrics and Gynecology as well as on the Medical Staff. The Active Staff requests for potential admission or operating room scheduling shall take precedence over those requested by the provisional and courtesy staff with the exception of emergencies.

The Provisional Staff members may be assigned to, but not chair departmental committees. The members of the Provisional Staff may not vote at the department meetings. They shall serve on hospital committees. The above delineations are in consonance with the Bylaws, Article III, Section IV. They are to be superseded by any future amendments to the Bylaws. Attendance requirements are as specified in the Bylaws.

Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges. They may not vote or hold elective office.

The Courtesy Staff members are not eligible to vote, hold office or be required to attend meetings or serve on committees. They are to have no assigned duties with the teaching program but may interact if invited.

Members of the Consulting Medical Staff shall not vote, hold office or serve on committees.

Members of The Emeritus Medical Staff are eligible to vote, hold office, serve on The Medical Staff and Departmental Committees, and shall have assigned duties if they so desire.

Obstetrical Allied Health Practitioners - shall be certified nurse midwives, **and** nurse practitioners who are Diplomats or certified by their respective boards. They must have an agreement between them and an active member of the Department of Ob/Gyn who will supervise their actions. This agreement must be on file with the Medical Staff Office and the State of Maryland Board of Health.

**1. Unassigned Patient Call Schedule**

The roster order will be determined by the Department of OB/Gyn Chairman or designee. Each shift will be 24 hours beginning at 7 a.m. and continuing until 6:59 a.m. the following morning. A physician will be responsible for a given patient in the E.D. from the time when the call is initiated from the E.D. There will be a first and second call.

**2. Appointment**

Appointment and Reappointment to the Department of Obstetrics and Gynecology and the Medical Staff in general are to be decided by Chair of the Department of Obstetrics and Gynecology, the Credentials Committee, and are to be operative as outlined in The Bylaws, Article V.

**3. Promotion**

In order to be promoted to or maintained on the active staff, each individual must have an average of at least 25 patient contacts per year in a two year credentialing cycle.

**4. CME Requirements**

Each member of the Department of Obstetrics and Gynecology shall fulfill the continuing medical education requirements as specified by the Maryland Board of Physician Quality Assurance and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements.

**RULES AND REGULATIONS  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
Page Three**

**D. OFFICERS**

1. Officers shall be the Chair of the Department, and the Vice Chair/Secretary/Treasurer.

The officers of The Department of Obstetrics and Gynecology shall be elected annually by the members of The Active Staff of the Department in accordance with The Bylaws, Article X, and Section 3.

2. Qualifications of Officers:

The Chair of the Department of Obstetrics and Gynecology shall be a member of The Active Staff, certified by the American Board of Obstetrics and Gynecology, who is qualified by training, experience and demonstrated leadership ability for the position. The Chair is to be elected for a one-year term and may succeed himself. The choice shall be determined by his/her professional abilities, experience, and interest in department activities.

The Vice Chair/Secretary/Treasurer shall be elected for a term of one year, may succeed himself/herself and shall assume the duties of the Chair in the latter's temporary absence and shall have the latter's authority

3. Duties of Officers:

The duties of the Chair are as follows:

Duties of the departmental chairs are those contained in ARTICLE X, Section 6, of the Medical Staff Bylaws. These are listed below:

- A. be accountable for all professional and administrative activities within his/her department, including maintenance of minutes of meetings that are to be on file in the President's office, Administrator's office and appropriate departmental offices;
- B. be a Member of the Executive Committee, giving guidance on the overall medical policies of the Hospital and making specific recommendations and suggestions regarding his/her own department in order to assure quality patient care;
- C. be responsible for assuring the implementation of a planned and systematic process for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served by the department in the clinical performance of all individuals with clinical privileges in that department. This may include:
  1. The routine collection of information about important aspects of patient care provided in the department and about the clinical performance of its members. This information may be collected through activities of the department, through the overall Performance Improvement program, or through other Medical Staff monitoring functions.
  2. The periodic assessment of this information to identify opportunities to improve care and to identify important problems in patient care.
  3. Establishment of objective criteria by each department or clinical service that reflect current knowledge and clinical experience, and the use of these criteria by each department or clinical service or by the Hospital's Performance Improvement program in the monitoring and evaluation of patient care.
  4. When important problems in patient care in clinical performance or opportunities to improve care are identified, action shall be taken and the effectiveness of those actions shall be evaluated.
  5. The findings from and conclusions of monitoring, evaluating and problem-solving activities shall be documented and reported, and the actions taken to resolve problems and improve patient care, and the information about the impact about the actions taken shall be documented and be reported;
  6. Recommending clinical privileges for each member of the department.
  7. to submit recommendations for granting or withdrawal of surgical privileges in obstetrics and gynecology for his/her own and other departments.
  8. to appoint appropriate departmental committees.
  - ~~9.~~ to recommend departmental appointees to hospital committees.
  10. designate the unassigned patient coverage schedule.

**RULES AND REGULATIONS  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
Page Four**

- D. appoint a department committee to conduct patient care review required by the provisions of these Bylaws and/or the Credentials Manual;
- E. be responsible for enforcement of the Hospital Bylaws and of the Medical Staff Bylaws, Rules and Regulations within his/her department;
- F. be responsible for implementation within his/her department of actions taken by the Executive Committee of the Medical Staff;
- G. transmit to the Executive Committee, via the Credentials Committee, his/her department's recommendations concerning the Medical Staff classification, the reappointment, and the delineation of clinical privileges for all Members within his/her department;
- H. be responsible for the teaching, education and research program within his/her department;
- I. participate in every phase of administration of his/her department through cooperation with patient care services and the Hospital administration in matters affecting patient care, including those relating to personnel, supplies, special regulations, standing orders and techniques, space recommendations, and other resources as needed;
- J. assist in the preparation of such annual reports, including budgetary planning, pertaining to his/her department as may be required by the Executive Committee, the Hospital's President or the Governing Body.
- K. recommends offsite services/sources for needed patient care services not provided by the department or organization;
- L. may have input into or oversee various levels of competencies of hospital staff;
- M. will be aware of the quality control program within the department, as appropriate.

The duties of the vice Chair/secretary/treasurer shall be to keep records of all proceedings and complete minutes of the Department and to forward copies of these to both the Chair and to appropriate committees, officers of the Medical Staff and the administration. He shall maintain financial records for the Department of Ob/Gyn and is authorized to spend appropriated funds.

**E. Removal of Officers from their Position:**

The Chair or Vice Chair/Secretary/Treasurer of the Department may be removed at any regular meeting at which a quorum is present or at any special meeting on notice, by a two-thirds vote of those active members of the Department present. Such removal shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the Department at any regular or special meeting shall constitute a quorum, for the purpose of removal of an officer of the Department.

**II. DEPARTMENT MEETINGS**

1. The Obstetrical and Gynecological Staff shall meet at 6 p.m. on the third Thursday of odd months or at least quarterly for the purpose of promoting the proper functioning of the department. These meetings shall be in accordance with the Medical Staff Bylaws, Article XIII, in the conduction of these meetings.
2. The meeting shall be devoted to the conduct of departmental business.
  - A. The agenda of all regular staff meetings may include:
    - a) call to order ;
    - b) acceptance of minutes of regular and all special meetings;
    - c) old business;
    - d) new business;
    - e) review and analysis of clinical work of department, and;
    - f) adjournment.
  - B. The Agenda of any special meeting shall be as described in the Medical Staff Bylaws, Article XII, 6b.

As deemed appropriate, the Chair or Peer Review Committee may present clinical review of cases from the Department for quality assurance purposes.

All members of the Department of OB/Gyn must attend 50% of the department meetings per year to remain on Active staff.

**III. COMMITTEES**

The Chair shall delegate specific responsibilities to the departmental staff members as individuals, or in small committees as the Department grows.

- A. OB/Gyn Peer Review Committee
- B. Labor and Delivery Committee
- C. Maternal, Fetal, Neonatal Morbidity and Mortality Multidisciplinary Committee
- D. Human Performance Factors Committee

**IV. CONSULTATION**

It is the duty of the attending physician to seek consultation when indicated, but under certain conditions consultation shall be required when the problem exceeds the attending physician's privileges or competence to manage.

The consultation when rendered to a requesting physician does not bind the attending physician to that consultation. The attending physician may accept or reject the consultation, or seek additional consultation.

The Consultant does not assume the management of the case unless invited to do so. If so invited, then the case should be transferred to the Consultant's service or co-managed with the attending physician.

Other hospital departments are encouraged to obtain an obstetrical consultation on any antepartum patient admitted to other services.

**V. PROCEDURE TO AMEND OR REPEAL THE RULES AND REGULATIONS OF THE DEPARTMENT**

The Rules and Regulations of the Department of Obstetrics and Gynecology may be amended or repealed at any regular meeting at which a quorum is present or at any special meeting on notice, by vote of the majority of those active members of the department present. Such changes shall become effective when approved by the Governing Body.

**VI. CARE OF RELATIVES**

As per the Medical Staff Rules and Regulations, no member of the Medical Staff shall serve as attending physician, perform procedures, or act as an official consultant for members of his or her immediate family at Shady Grove Adventist Hospital.

**VII. GYN ONCOLOGISTS**

Applicants who are eligible for certification in the sub-board of gynecologic oncology or who have been certified by that board, will be assumed to have acquired the necessary capability to perform the full range of radical pelvic surgery independently including operations upon the intestinal and urologic organs as part of primary gynecologic surgical procedures. The applicant will also have the skills to manage vascular, intestinal and urologic problems caused by gynecologic cancer or its treatment. Gyn Oncologists are not required to take formal E.D. call.

**X. ANNUAL/BI-ANNUAL MEDICAL STAFF DUES**

All medical staff members are required to pay annual/bi-annual medical staff dues (with the exception of Emeritus Status members). Please note there is no refund of medical staff dues or department dues.

**XI. AVAILABILITY**

When caring for patients in Labor and Delivery, all members of the Department agree to be available to their patients as necessary to provide appropriate care and support. In order to achieve this goal in the following special clinical situations, members of the Department agree to the following guidelines.

1. When inducing patients with Pitocin who have a viable fetus at Shady Grove Adventist Hospital, the responsible physician shall remain within 15 minutes normal driving time to the hospital. They will clearly communicate with the Nursing staff on Labor and Delivery the manner in which they should be contacted. Should the responsible physician plan to be further away than 15 minutes normal driving time, then appropriate "coverage" for that time must be arranged with another physician who has privileges at Shady Grove Adventist Hospital to perform an emergency cesarean section and who will be present within that 15 minute guideline. This change in responsibility must be communicated to the nurse responsible for the patient's care at the hospital prior to the change in responsibility, in order to provide good continuity of care.
2. When a laboring patient with a viable fetus receives epidural placement of an anesthetic, the responsible physician must be immediately present in the hospital or in the office buildings located at 9707, 9711 or 9715 Medical Center Drive. The physician's presence must continue for at least 30 minutes after anesthetic medication administration and until the fetal heart rate is reassuring. Should the responsible physician plan to be out of the hospital, then appropriate coverage for the required time must be arranged with another physician who has privileges at Shady Grove Adventist Hospital to perform an emergency cesarean section and will be present as noted above. The change in responsibility must be communicated to the nurse responsible for the patient's care at the hospital prior to the change in responsibility in order to provide good continuity of care.

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