I. NAME
The name of the organization shall be the Department of Obstetrics and Gynecology of the Medical Staff of UCLA Medical Center, Santa Monica as provided in the Bylaws of the Medical Staff, Article VIII, Section I.

II. ORGANIZATION
A. The Chair of the OB/GYN Department shall be the member elected by the Active Staff from the Department as representative to the Executive Medical Board.
B. The OB/GYN Committee is composed of members of the Department appointed by the Chief of Staff. There shall be at least one member from the Departments of Family Medicine and the Division of Anesthesia.

Ex-officio members without vote shall include the Chief Administrative Officer, Chief Nursing Officer, Director of Quality and Patient Safety, Director, Women’s and Children’s Services, Assistant Director, Women’s and Children’s Services.

C. Standing subcommittee of the Department is the OB-Perinatal Chart Review Committee. The OB-Perinatal Chart Review Committee shall be composed of at least five members. The Committee shall be responsible for performing quality assessment and improvement chart review and reviewing policies and procedures pertaining to obstetrical cases.

III. DUTIES OF THE OB/GYN COMMITTEE
A. To be responsible for the administration of the policies of the OB/GYN Department.
B. To establish and modify operating policies dealing with the basic care of the obstetrical or gynecologic patient as deemed required in the best interest of the patient and Hospital.
C. To hold Department meetings monthly, at least ten times annually, for the purposes of quality improvement evaluation, education, administrative purposes, and promoting a spirit of cooperation among the members of the Department.
D. To establish criteria for the granting of privileges (i.e., education, training, current competence).
E. To make recommendations to the Credentials Committee on any issues pertaining to credentialing or privileging of individual physicians, as requested by the Credentials Committee.
F. To carry out the requirements in Article VI, Proctoring.
G. To make recommendations to the Executive Medical Board for disciplinary action regarding Department members, when necessary.
H. To monitor the quality of obstetrical and gynecologic care as judged by a review of OB/GYN Department members’ medical records. To investigate, on the recommendation of the staff committees, all cases which have been referred for such investigation.
I. To assure that all members of the OB/GYN Department participate in the Quality Assessment and Improvement Program pertaining to their patients, if asked. Non-compliance will result in a referral to the Executive Medical Board.

IV. MEMBERSHIP
A. Members of the Department must meet the following qualifications:

1. Each member must qualify as to character, conduct and standards of medical ethics as outlined in the Bylaws;
2. Board certification by a board recognized by the American Board of Medical Specialists, in their specialty, is a requirement of initial staff membership. Applicants who are not Board certified at the time of appointment must become Board certified within five (5) years from the date of graduation from their training program (reference Medical Staff Bylaws: ARTICLE III, Section 2 - Qualifications for Membership)
3. Each member with Admit privileges must provide, in writing, the names of staff who have agreed to provide coverage in the event of the member’s unavailability.

B. Appointment to the Department will follow the procedure established in the Medical Staff Bylaws, Article VIII, Section 2.

V. PRIVILEGES
A. With the exception of those obstetrical and gynecologic privileges recommended under the auspices of the Family Medicine Department Rules and Regulations, all physicians desiring to perform obstetrical and/or gynecologic procedures must have privileges recommended by the Department of OB/GYN. The recommendation for the determination of privileges is made by the OB/GYN Committee and subject to the procedures established in the Bylaws.

B. The privileges allowed each member of the Medical Staff are detailed in the physician’s privilege sheet. A copy is kept in the physician’s file and a copy is sent to the physicians.

C. Clinical privileges are re-determined at the time of reappointment in accordance with procedures established in the Bylaws, Article IV, Section 1.

D. Physicians requesting any of the following privileges must submit a written request for specific privileges to the OB/GYN Committee, as well as documentation showing evidence of completion of an approved training course including didactic and hands on experience, or equivalent training:

1. Laser (CO₂, Fiber)
2. Pelviscopy
3. Resectoscope
4. Laparoscopic Assisted Vaginal Hysterectomy
5. Transurethral and periurethral collagen in the treatment of intrinsic sphincter insufficiency
6. Laparoscopic Burch procedure
With regard to the use of transurethral and periurethral collagen in the treatment of intrinsic sphincter insufficiency, physicians must have knowledge of cystoscopy and proficiency in urodynamic studies.

VI. PROCTORING
The Medical Staff of SM-UCLA has established this proctoring program for its members to insure that granting of Medical staff membership and privileges by the Department of Ob/Gyn is accomplished in such a manner as to maintain the highest quality of care.

A. Proctoring for new members shall include the following:

1. Concurrent proctoring of five major surgical cases, which may include no more than three (3) major pelviscopic procedures.
2. Concurrent proctoring of one Cesarean section for applicants requesting obstetrical privileges and retrospective review of three (3) Cesarean sections.
3. A retrospective review of the Provisional Staff member's first seven (7) vaginal deliveries for applicants requesting obstetrical privileges.

B. Any Department member in good standing, excluding Provisional staff members and office associates (unless approved by the Department Chair), who have completed proctoring, may act as proctor for major gynecologic surgery and Cesarean sections.

C. Physicians must complete at least three (3) laser or pelviscopy cases in each category prior to being considered eligible to proctor those procedures in those categories (See VI.F)

D. Physicians may be removed from proctoring for obstetrical or gynecologic privileges separately after completion of the appropriate proctoring and approval of the OB/GYN Department.

E. Reciprocal proctoring may be considered towards completion of general proctoring as outlined in the Reciprocal Proctoring Policy.

F. Concurrent proctoring requirements for advanced technology privileges shall be as follows:

1. CO₂
   One proctored case shall be required for each of the following applications:
   a. external genitalia or cervical conization
   b. laser laparoscopy

2. Fiber Lasers (KTP/532, Nd:Yag)
   a. Laser laparoscopy
   b. endometrial ablation

3. Resectoscope
   a. One proctored case
4. Pelviscopy

One observed and one proctored case shall be required for each of the following applications:

a. ectopic pregnancy
b. myomectomy

One observed and two proctored cases shall be required for the following application:

a. Laparoscopic assisted vaginal hysterectomy

In a LAVH case involving co-surgeons, only the primary surgeon may be proctored.

Proctoring for LAVH must be completed within two (2) years of being granted the privilege. Physicians who do not complete requirements during that period will be required to re-start the proctoring process. Reciprocal proctoring from St. John’s Hospital will be accepted providing the St. John’s proctor is an eligible proctor at SM-UCLA Medical Center.

5. Transurethral and periurethral collagen in the treatment of intrinsic sphincter insufficiency

a. One proctored case

6. Laparoscopic Burch procedure

a. Two proctored cases

7. Trans-obturator Technique

a. Two concurrent proctored cases

G. Reciprocal Proctoring
Reciprocal proctoring from St. John’s Health Center or Ronald Reagan UCLA Medical Center will be accepted as outlined in the Reciprocal Proctoring Policy.

VII. REAPPOINTMENT

A. The Credentials Committee shall review reappointment applications and make its recommendations to the Executive Medical Board. Criteria for reappointment shall include current clinical competence, trended and aggregated data, hospital activity, quality assessment and improvement data, malpractice and litigation history, National Practitioner Data Bank response, mental and physical health status, physician conduct and peer recommendations.
Physicians on the Provisional and Courtesy Staffs are required to have a minimum of six (6) admissions/consultations within a two-year period (consultations in this instance are defined as the physician having rendered substantial patient care). Courtesy Staff members are required to provide evidence of satisfactory performance on the active staff of another hospital. Eighteen (18) admissions/consultations are required within a two-year period to maintain Active Staff status. In the absence of sufficient clinical activity, physicians shall have the opportunity to be evaluated on other hospital involvement.

B. Failure to reach minimum patient contacts at reappointment will subject the physician to change or loss of staff status. Active Staff members who fail to meet criteria following evaluation will be reclassified to the Courtesy Staff. Courtesy Staff members who fail to meet criteria will not be recommended for continued medical staff appointment. Provisional Staff members who fail to successfully complete proctoring will not be recommended for reappointment, and must wait 12 months before reapplying for Medical Staff membership.

C. Provisional members may request consideration for advancement to Courtesy or Active Staff membership upon successful completion of proctoring. Provisional members who do not meet minimum requirements for reappointment may be subject to loss of staff membership.

VIII. PHYSICIAN PROTOCOL
A. Physicians are expected to be on time for deliveries.
B. The physician must be within a reasonable distance from the hospital when on OB/GYN or Emergency Department Call.
C. A physician charged with the management of a laboring patient must be able to initiate the C-section within 30 minutes of that decision.
D. All obstetrical patients in the Emergency Department without a private physician on the Medical Staff who require evaluation or admission are the responsibility of the panel 'on call' obstetrician of the day. The admitting physician will continue to provide patient care for the duration of hospitalization and for a period of two (2) weeks following discharge if the patient returns to the Emergency Department for complications from the prior admission.

The frequency of this panel obligation will be determined by the OB/GYN Committee, based upon the number of participating members of the department at any given time.

The Department recognizes that a protocol has been established under which members of the department may exercise the option of paying a semi-annual fee to the hospital to be relieved of this Emergency Department panel obligation. The fee will be determined by the Hospital on a semi-annual basis and will be assessed to the physicians who have chosen this option.

In order to cover the Emergency Department panel days for which these physicians have paid this fee, the OB/GYN Department, the Hospital, and the Les Kelley Family Health Center have entered into an arrangement to cover unassigned obstetrical patients. A protocol
has been established under which certain specified obstetrical attendings of the Residency Department and the residents will assume the responsibility for unassigned obstetrical patients who present to the ED with obstetrical problems on those days of panel coverage. The specifics of this coverage are under the joint jurisdiction of the Department of OB/GYN and the Family Medicine Residency Program.

E. All physicians doing obstetrics must provide the labor room with alternate coverage to be called should they be unavailable at any time.

F. Patients requiring oxytocin agents shall be initially evaluated prior to induction either in the office or the hospital by the attending physician, another staff member with obstetrical privileges or a third year family practice resident, who shall then be continuously available within 30 minutes during the duration of the drug use.

G. Prenatal records should be available when the patient is admitted to labor & delivery.

H. A preoperative note is required prior to surgery.

I. A dictated delivery note is required immediately following the procedure and should include course of labor, delivery and complications.

J. Delivery records and post partum orders are to be completed after delivery and the patient must not leave the recovery room until such has been done.

K. An operative note is required immediately following surgery.

L. The physician's portion of the hospital record should be completed prior to the patient's discharge, including the prenatal record and any dictation regarding surgery and/or complications.

M. The physician is responsible for all verbal orders and must sign them within 48 hours of transmission.

N. A physician may perform a post-partum tubal ligation without an assistant.

O. When an elective pelviscopy is scheduled, an appropriate assistant shall be available on 15-minute call.

P. It is the primary surgeon's judgment and prerogative, based on the complexity of the surgery or the patient's condition, to determine the number and qualifications of surgical assistants.

Q. Patients with threatened or incomplete abortions and post-therapeutic abortions are to be admitted to hospital units other than labor & delivery or post-partum.

X. ASSISTANT SURGEONS (Adapted from ACOG)
Competent surgical assistants should be available for all major obstetric and gynecologic operations. In many cases, the complexity of the surgery or the patient's condition will require the assistance of one or more physicians to provide safe, quality care. Often, the complexity of a given surgical procedure cannot be determined prospectively. Procedures including, but not limited to, operative laparoscopy, major abdominal and vaginal surgery, and cesarean delivery may warrant the assistance of another physician to optimize safe surgical care.

The primary surgeon’s judgement and prerogative in determining the number and qualifications of surgical assistants should not be overruled by public or private third-party payers.
XI. **OB/ANESTHESIOLOGY COVERAGE/PROCEDURES**

A. An obstetrical anesthesiologist will be present in the hospital whenever there is any patient admitted in labor. If there is no patient in labor the anesthesiologist must be readily available and must return to the hospital upon notification of admission of a laboring patient by labor & delivery personnel.

B. It is the responsibility of the anesthesiologist on call to keep informed of the situation in labor & delivery.

C. Non-anesthesiologist physicians may only give local and pudendal anesthesia. All other forms of anesthesia must be given by an anesthesiologist, except in an emergency.

XII. **PEDIATRIC PROTOCOL**

A. The physician designated as the infant's physician is to be listed as the attending physician on the infant's chart regardless of the physician's specialty.

B. Apgar scores should be assigned by someone other than the delivering physician, if possible.

XIII. **LABOR & DELIVERY OBSERVERS**

A. Labor & delivery observers may accompany the patient to the delivery room if approved by the attending physician, anesthesiologist and nurse.

B. Photographs during the delivery may be taken when appropriate and at the direction of the delivering physician and the labor nurse. Videotaping of deliveries, cesarean sections, or surgeries is not allowed unless approved by the attending physician.

C. Labor and delivery observers may remain with the expectant mother in the labor room subject to the discretion of the obstetrical nursing staff and attending staff physician.

XIV. **LABORATORY TESTS/BLOOD**

A. Upon admission of all pregnant women, the following lab tests will be done:

1. CBC
2. A clot tube to be held for type and screen will be done prior to surgery.

**Note:**
If no prenatal record is available, the following lab tests will be done upon admission:

1. CBC
2. Type and Rh (on all patients)
3. RPR
4. Rubella titer
5. Hepatitis B
6. Group B Strep
7. HIV Testing

B. Cord blood will be drawn on all infants and will be run on all Rh negative mothers as well as all type O mothers.

XV. SURGERY SPECIMENS
A. Surgical specimens recovered during surgical procedures shall be forwarded to the Pathology Department with the appropriate information on the pathology requisition and with the ordering physician's signature.

Exceptions to this, at the discretion of the physician, are specimens that by their nature or condition do not permit fruitful examination, such as excised scar tissue, placentas, lamineria, foreskins and follicle aspirations.

B. Where indicated, a pathologist's report of the findings will be filed in the patient's medical record.