

LEE HEALTH POLICY & PROCEDURES

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY CCH, GCMC, HPMC, LMH & GCHSWF		LOCATOR NUMBER																		
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	CHAPTER: M14																		
	<input checked="" type="checkbox"/> Multidisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	TAB: 01																		
	<input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	POLICY #: 074																		
Disciplines / locations to which this multidisciplinary policy applies:																				
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Nutrition</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medical Staff</td> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Medical Staff	<input type="checkbox"/> Security	<input type="checkbox"/> Rehab Hospital
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Date Originated: 9/20	Reviewed/No Revision:	Dates Revised: 4/21																		
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Author(s): Mark A. Greenberg, MD																				
Reviewed by:																				
Clinical Practice Council:		Date:																		
Clinical Education Council Yes No:		Education Completed: Date:																		
Education Required: <input type="checkbox"/> <input type="checkbox"/>		Date:																		
Approved by:																				
Policy Administrator: Mark A. Greenberg, MD		Date: 9/8/20																		
As Needed:																				
GCMC Executive Committee		Date: 4/12/21																		
HPMC Executive Committee		Date: 4/13/21																		
LMH Executive Committee		Date: 4/14/21																		
CCH Executive Committee		Date: 4/19/21																		
GCHSWF Executive Committee		Date: 4/20/21																		
As needed:																				
Board of Directors		Date:																		

PURPOSE OF THE DEPARTMENT: The purpose of the Department of Obstetrics and Gynecology is to develop, advance, and coordinate all aspects of care within the Department of Obstetrics and Gynecology with the goal of providing safe, quality, efficient, and effective care.

I. **MEMBERSHIP REQUIREMENTS:** Membership requirements are defined in the bylaws.

II. **DEPARTMENT STRUCTURE AND MEETINGS:**

A. A physician from at least Cape Coral Hospital (“CCH”), Gulf Coast Medical Center (“GCMC”), and HealthPark Medical Center (“HPMC”) will be elected to chair the Department of OB/Gynecology meeting and serve on their respective Facility Medical Executive Committee (“FMEC”) for a two-year term which may be renewed upon Dept. Chair agreement and Nominating Committee recommendation.

B. This department shall meet as frequently as needed to fulfill assigned duties and when requested by the FMEC as required in the Medical Staff Bylaws, Part 1, Section 6. Meetings may be called by a majority of Department Chairs or in the case of four Department Chairs, at least two chairs. Meetings may be called with three days’ notice and require an agenda with identified system-wide issues for discussion and/or action. The Medical Staff Services Department provides support for departmental meetings.

C. Each Department of OB/GYN for Cape Coral Hospital, Gulf Coast Medical Center, Lee Memorial Hospital and HealthPark Medical Center elects to operate jointly in order to develop, advance, and coordinate patient care. Nothing herein is intended to abrogate the authority and responsibility of each Department and FMEC to oversee care delivery and quality improvements within each Department / FMEC’s individual hospital. Each facility Department of OB/GYN, facility Medical Staff Quality Committee and FMEC retains all authority and responsibility for the quality of medical care provided to patients by its individual hospital as set forth in each facility Medical Staff Bylaws.

D. Only Active Medical Staff appointees are eligible to vote at Department meetings. All actions of the Department will be decided by majority vote of those Active appointees present and voting or those submitting votes electronically or by other means approved for use in the voting, except changes to these Department Policies require affirmative vote by 51% of voting members. (see XIV. A.).

E. Voting may be done by mail, email, fax, online survey tools or other electronic means available and approved by the Department Chairs.

III. **DEPARTMENT CHAIR ELECTION/APPOINTMENT**

A. Nominations for Department Chairs may be submitted by Active Department Members and FMEC members. The Department Chairs are elected by a simple majority vote by secret ballot of those members of the department who are eligible to vote and who cast a verifiable ballot (which may include a mailed, facsimile, or e-mail ballot) sent to all eligible members.

- B. The term of Department Chairs shall be for two (2) years commencing on October 1, unless they resign or are removed from office. The Chair is eligible for re-nomination and re-election for an unlimited number of consecutive terms.
- C. The Department Chair(s) may resign at any time by giving written notice to the Medical Executive Committee. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or any later time specified in the letter of resignation. Removal of an officer may be effected by a two-thirds majority vote of the eligible Department members.
- D. A vacancy in the office of Chair will be filled by the MS President(s). The newly appointed Department Chair will serve until the next scheduled election conducted in the same manner as provided above in A.

IV. **SECTIONS OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY:**

A. **CLINICAL SECTIONS:**

Clinical Sections may be established and meet as specified in the M.S. Bylaws, PART I, Section 6.1.1. Sections may be called with three days' notice and require written notice of items to be discussed delivered electronically by fax or email. Also, see Part I, Section 6.1.2 of the Medical Staff Bylaws for additional details regarding the activities and responsibilities of the clinical sections.

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

1. Gynecologic Oncology Section
2. Maternal Fetal Medicine Section

B. **SECTION FUNCTIONS:**

Members of the section will:

1. Meet 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.
4. Assist hospital administration, if requested, in matters related to specialty or subspecialty planning.
5. Address problems within the section and if necessary, make recommendations to the Department of OB/GYN.

C. **SECTION CHIEF FUNCTIONS:**

1. Interview all new physicians applying for staff privileges within his specialty or subspecialty.

2. Serve as liaison to Chairman of the Department of OB/GYN on performance improvement related issues for the Section.
3. Participate in standardization of EHR through Subject Matter Expert sessions and final approval of order sets with input from section members.
4. Makes recommendations to the Department of OB/GYN for approval by the FMEC on system-wide call responsibility requirements, including relief from call, when appropriate. Proposed changes to emergency call requirements must be approved by a majority of specialists impacted by the recommendation before elevation to the Department and FMEC.
5. Perform other duties and responsibilities as may be set forth in the Medical Staff Bylaws or requested by the department chair.

V. **FACILITY MEETINGS:**

Each facility Chair may organize and hold a facility-specific meeting to deal with facility-specific issues or facility-specific policies, procedures, or protocol if there are no objections by the co-chairs. System-wide policies, procedures, protocols, or issues may be recommended for action at a joint Department meeting.

VI. **EMERGENCY CALL (GENERAL PROVISIONS):**

Voting on changes in emergency call requirements - Department members may only vote on changes to emergency call requirements if s/he continues to have relevant privileges and currently takes emergency call for these specialty areas, i.e., if you no longer have OB privileges, you cannot vote on emergency call requirements for OB.

It will be the responsibility of the physician on call to find a replacement if s/he is unable to respond when called by the Emergency Department. If the physician on call is in surgery, s/he may discuss with the Emergency Department physician who may be contacted in his/her place.

- A. All call schedule changes must be submitted in writing as soon as possible to the Medical Staff Services Department M-F 7:30-4 and after hours called to the Emergency Department and in writing to the Medical Staff Services Department.
- B. If the member of a group cannot take call due to a serious emergent injury or illness or other circumstances beyond the physician's control as determined by the Department Chair, it is the responsibility of the member's group to cover his/her call for the remainder of currently published schedule(s).
- C. If a solo practitioner who takes call cannot take call due to serious emergent injury, illness or other circumstances beyond the physician's control as determined by the Department Chair, it is the responsibility of the other practitioner(s) sharing call with the solo practitioner in cooperation with the remaining physicians taking call to cover his/her call for the remainder of the currently published schedule(s).
- D. If the physician on call cannot be reached, the following procedure is used:

1. Call the physician or the group covering for the physician on call the previous twenty-four hours.
 2. If s/he is unavailable, call the physician or group covering for that surgeon that was on call forty-eight hours prior.
 3. If s/he is unavailable, use the overhead paging system to see if a physician is available.
 4. If all of the above fails, call the Chairman of the Department of Obstetrics & Gynecology.
- E. If self-scheduling is allowed for Emergency Department on call by physician office staff, violations of the rules and regulation relating to self-scheduling may result in termination of the ability to self-scheduling by the Department Chair.

VII. 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 seven (7) 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.
- D. **GCMC (only) rules:**
1. If the patient is pregnant and 19.6 weeks or less, it is the responsibility of the GYN on call. If the GYN on call does not have obstetrical privileges at GCMC, it is still his/her responsibility to evaluate the patient. If the condition is considered beyond the scope of his/her privileges, it is his/her

responsibility to either seek consultation with the OB physician on call or transfer to a facility where they have privileges. Obstetrical patient of 20 weeks or greater will be the responsibility of the OB physician on call to evaluate and should be notified by the ED physician.

2. Emergency Department: For patients who present to the Emergency Department and require an emergent GYN consultation, the ED physician will notify the GYN physician on call immediately and the GYN will be obligated to provide consultation.
3. Inpatient consults – the gynecologist on call is required to accept all consultations for admitted patients who require a Gyn. consultation. The physician is responsible for care during that admission until the attending physician and consultant jointly feel there is no further need for consultation. Once the patient is discharged, the consulting gynecologist is responsible for continued care if the patient is readmitted within 24 hours of discharge. After 24 hours, the gynecologist on call for that time period will be consulted and obligated to complete a new consultation. This will ensure continuity of care. Open communication between participating physicians is recommended.
4. The “time written” for both ED call and inpatient consultations will be the official time and will determine the OB/GYN on call during the 24 hr. call period (regardless of the time the actual call was made to the OB/GYN physician).

VIII. **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.
- B. GCMC (**only**) rules:
 1. Mandatory OB consultation for admitted pregnant patients regardless of gestational age or medical indication for admission. If less than 19.6weeks gestation, it is the responsibility of the GYN on call; 20 weeks or greater, it is the responsibility of the OB on call. “Time written” will be the official time of consultation.
 2. Responsibility of OB/GYN physician for MANDATORY OB consults – the physician is responsible for care during that admission until the attending physician and consultant jointly feel there is no further need for consultation. Once the patient is discharged, the consulting OB/GYN is responsible for continued care if the patient is readmitted with the 24 hours of discharge. After 24 hours, the OB/GYN on call for that time period will be consulted and obligated to complete a new consultation. This will ensure continuity of care. Open communication between participating physicians is recommended.

IX. **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.

X. **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.

CCH, GCMC - The physician on obstetrics call shall be responsible for all unassigned obstetrics 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 or OB Triage 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.

XI. **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 s/he wants to accept the case; if not, the patient will go to the physician on the backup roster.

XII. **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, Audio taping and Other Multi-Media Imaging for Patient Care and Other Purposes.

XIII. **VBAC Deliveries**

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.

XIV. **Revisions to Departmental Rules and Regulations:**

A. The Department of Obstetrics and Gynecology adopts departmental policies in order to fulfill the duties set forth in the Medical Staff Bylaws and applicable Medical Staff Rules and Regulations. Revisions to such Department Policies may be proposed to the FMEC by the Department Chairs, to the Department by

the Department Chairs, or to the Department Chairs by Department Members. All revisions proposed by members must be approved by the Department Chairs before advancing for a vote. If Department Members wish to over-ride a decision by department chairs on advancing proposed revisions for a vote, the proposed revisions may be advanced for a vote upon a written request of 20 percent of department members. Revisions to the departmental policies require 15 days' advance notice to all Active Department members and approval by 51 percent of voting members. Voting may be by mail, email, fax, online survey tools or other electronic means available and approved by the Department Chairs.

- B. Departmental policies will become effective upon approval of the FMEC. In the event of a conflict between department policies and the Medical Staff Bylaws or, Medical Staff Rules and Regulations, the provisions of such Medical Staff Bylaws or, Medical Staff Rule and Regulations shall prevail.

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

Approved by CCH, GCMC, HPMC and LMH FMEC – August, 2010

Approved by GCMC - 03-22-11

Approved by GCMC FMEC – 11-14-11

Approved by:

GCMC FMEC 3-10-14

HPMC FMEC 3-11-14

LMH FMEC 3-12-14

CCH FMEC 3-17-14

HPMC FMEC 9-8-15

LMH FMEC 9-9-15

GCMC FMEC 9-14-15

CCH FMEC 9-21-15