MEMBERSHIP:
Application for membership in the Department of Obstetrics and Gynecology shall be as outlined in the Medical Staff Bylaws, Policies and Procedures. Members will consist of physicians who have completed the credentialing and privileging process and have been approved by the Board to practice as an Obstetrician and/or Gynecologist at Providence Alaska Medical Center.

CHAIR:
The Department of OB/GYN elects a Chair of the Department. If the Department cannot elect a chair, the President of the Medical Staff will appoint a Chair of the Department of OB/GYN, from among the active members of the staff who are qualified for membership in the Department of OB/GYN. The duties and responsibilities of the Department Chair are outlined in the Medical Staff Bylaws. The Department Chair will be excused from the EMTALA Call schedule during the time of his/her Chairmanship.

CONSULTATIONS:
All physicians in the Department of Obstetrics/Gynecology 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.

V-BACS
- An OB/GYN physician with C-section privileges will be in house when there is a V-BAC patient in active labor. Certified Nurse Midwives (CNM’s) and Family Medicine Physicians who have a V-BAC patient should obtain a consult from the in-house OB/GYN physician who could be doing the surgery. The OB/GYN physician will then obtain the consult from the in-house Anesthesiologist.

ASSISTING IN SURGERY:
All obstetrical and gynecologic surgeries at Providence Alaska Medical Center 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 Department of Obstetrics/Gynecology will be in accordance with the Medical Staff Bylaws, Policies and Procedures. 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 an Active Staff member of the Department of OB/GYN. Proctoring will be established at the time of the individual physician’s reappointment.

DEPARTMENT MEETINGS:
The Department 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.

QUALITY IMPROVEMENT:
The Department will review the care rendered by its members on a routine basis.

EMTALA CALL:
All Physician members of the Department of OB/GYN that are on the Active, Provisional and Courtesy 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.
- The OB/GYN Department Chair will be excused from the EMTALA Call schedule during the time of his/her Chairmanship.
- Perinatologist (Maternal-Fetal Medicine)
- GYN Oncologist

EFFECTIVE: 11/90
REVIEWED/REVISED: 11/93; 1/01; 12/01, 4/05, 2/06, 2/07, 8/09, 3/11
PURPOSE OF THE COMMITTEE:
The function of the OB/GYN Risk Committee is to provide a confidential and protected environment in which to perform peer review, based upon indicators that the Department of Obstetrics and Gynecology have identified specific criteria to be tracked for quality outcomes.

In addition, the Committee reviews cases with a multidisciplinary team when there is a neonatal death or significant morbid event. For this purpose the team adds the additional members of a Neonatologist, a Perinatologist (if one is not currently on the Committee), and the Clinical Manager of the Newborn Intensive Care Unit.

REPORTS TO:
The Department of OB/GYN

AUTHORITY:
If the Committee has recommendations specific to a review, PAMC policy will be followed and will guide the Committee in directing their recommendations.

MEMBERSHIP OF THE COMMITTEE:
- Chair-Active member of the Department of OB/GYN
- One to two active members of the Department of OB/GYN (Obstetrician or Perinatologist), may be past chairs
- Current Department Chair of OB/GYN
- One Certified Nurse Midwife
- One Family Medicine Physician
- One Family Medicine Residency Faculty

SUPPORT MEMBERSHIP OF COMMITTEE:
- Clinical Manager of Maternity Services
- Administrator of the Children’s Hospital
- Director of Risk Management
- Medical Staff Office Support Staff
- Director of Clinical Outcomes
- RN Peer Reviewer
- Anesthesia Department Representative (reviewer for cases that involve Anesthesia)

Additional members are invited when specific cases are reviewed. Also, if a peer reviewer has questions about the case he or she is reviewing or feels unable to review the case, the case should be brought to the OB/GYN Risk Committee meeting for a collected review.

In addition to peer review, the Committee functions to assist the Department in upholding standards of care. When changes in these standards of care are communicated via new Practice Statements or Position Papers from the American College of OB/GYN, the Committee will be asked to review them and assist in their interpretation and implementation.

Finally, as care reviews occur, system issues or concerns may be identified. To assure follow up, these issues are referred to the Perinatal Committee for review and assessment using the Quality Improvement process.

Approved: 12/01
Reviewed/Revised: 4/05, 2/06, 8/09, 2/12
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.

REPORTS TO:
The Department 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
• Children’s Hospital Pharmacist
• Medical Staff Office Support Staff

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

Approved: 12/01
Reviewed/Revised: 4/05, 2/06