

Changes made to OB GYN Rules and Regulations. Highlighted areas are the changes we made.

4. Family Planning

- a. Broad range of family planning services, encompassing the usual scope of a Board-Certified

Obstetrician-Gynecologist;

- b. Tubal sterilization; and

- c. **Abortion, up to 24 weeks, 0 days by ultrasound**

1) Exclusions: Terminations beyond 24 weeks 0 days by BPD of 58mm (or its equivalent in femur length, if that is the more appropriate measurement) may be performed in special circumstances where maternal health is compromised by the pregnancy after discussion and approval by the Medical Director of the Women's Option's Center, a representative of the Ethics Committee, and, when appropriate, consultation with relevant medical specialist(s). The indications for terminations beyond 24 weeks 0 days for fetal indications will be assessed by an attending neonatologist to determine the degree of fetal compromise and thus the appropriateness of offering the termination.

The Officers of the OB/GYN Clinical Service are:

1. Chief of Service;
2. **Medical Director of Obstetric Service;**
3. **Medical Director of Gynecologic Service;**
4. Medical Director, Women's Health Center;
5. Medical Director, Family Planning Service;
6. Director of Resident Education;
7. Director of Medical Student Education;
8. Chair Nurse Midwifery Service Leadership Council; and
9. Director of Interdepartmental Nurse Midwife Education Program.
10. Director of QI

VII. OB/GYN CLINICAL SERVICE CONSULTATION CRITERIA

The Obstetric or Gynecology On-Call resident physician is paged to notify of inpatient consultation requests. Attending physicians supervise all inpatient consultations. **For outpatient consultations, the electronic medical record system is used.**

B. MEDICAL RECORDS

The members of the OB/GYN Clinical Service are committed to the maintenance of complete, accurate and timely medical records. The requirements are set forth in the Zuckerberg San Francisco General Hospital & Trauma Center Bylaws, and Rules and Regulations of the Medical Staff, which define the minimum standard for records in the clinical service. All operative procedures must include a pre-

operative and post-operative note by the attending surgeon of record.

Removed #1-4

Requested Approved

24.05 INPATIENT GYNECOLOGY AND GYNECOLOGIC SURGERY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 5 observed operative procedures, including at least one laparotomy and one laparoscopy.

REAPPOINTMENT: 15 operative procedures in the previous two years

A. Admission of patients with gynecologic issues

B. Care of admitted post-op and non-operative gyn patients

C. Repair of vaginal, vulvar or cervical lacerations

D. Drainage or removal of pelvic abscess (vaginal, laparoscopic or open)

E. Placement of intra-uterine balloon catheter to manage bleeding

F. Excision, I&D or surgical management of vulvar or vaginal lesions and abscesses

G. Dilatation and curettage, suction curettage, manual uterine aspiration; diagnostic or therapeutic

H. Cervical cone biopsy, LEEP procedure

I. Hysterectomy, abdominal

J. Hysterectomy, vaginal

K. Hysterectomy, laparoscopic-assisted or total laparoscopic

L. Exploratory laparotomy

M. Adnexal procedures (open or laparoscopic) including: salpingectomy, salpingostomy, oophorectomy, ovarian cystectomy, ovarian drilling, ovarian biopsy, ovarian detorsion, oophoropexy

N. Myomectomy, abdominal or vaginal

O. Incidental appendectomy

P. Fistula repairs (vesicovaginal or rectovaginal)

Q. Repair simple rent/ tear of bowel or bladder

R. Perineoplasty, labiaplasty

S. Repair of cystocele, rectocele, enterocele

T. Tuboplasty

U. Hernia repair (incisional or umbilical)

V. Paracentesis

W. Wound management: I&D, skin debridement wound dehiscence, wound closure

X. Cystoscopy

- _____ _____ Y. Hysteroscopy: diagnostic or operative including polypectomy, myomectomy, adhesiolysis, septum removal, endometrial ablation
- _____ _____ Z. Laparoscopy, diagnostic or operative including adnexal procedures, management of ectopic, chromopertubation, adhesiolysis, biopsy, fulgaration or excision of endometriosis, myomectomy
- _____ _____ AA. Tubal sterilization with cautery, rings, or clips
- _____ _____ BB. Non-hysteroscopic endometrial ablation techniques: HTA, thermal balloon, Nova-Sure
- _____ _____ CC. First assist in obstetric procedures that require expertise in gynecology surgery, when requested by the attending obstetrician. See gynecologic surgery privileges (24.05) and gynecologic oncology privileges (24.41) for scope. Would be operating under their existing privileges for gynecologic surgery in cases that involved an obstetrics procedure; their involvement would be their expertise in gynecologic surgery.

XV. APPENDIX C- OB/GYN CLINICAL SERVICE ORGANIZATION CHART

Chief of Service	Rebecca Jackson, MD.
Medical Director Obstetric Service	Eleanor Drey, M.D.
Medical Director Gynecology Service	Abner Korn, M.D.
Medical Director, Women’s Health Center	Misa Perron-Burdick, M.D.
Medical Director, Women’s Options Center	Eleanor Drey, MD, EdM
Site Director, Resident Education & Training	Biftu Mengesha, M.D.
Director of Medical Student Education	Sara Newmann, M.D.
Medical Director, New Generation Health Center	Sara Newmann, MD
Medical Director, Reproductive Infections	Deborah Cohan, M.D.
Chair of Midwifery Council	Margy Hutchison, CNM, MSN
Director Nurse Midwifery Education	Kim Dau CNM,
Director of Quality Improvement	Ana Delgado, CNM