

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

OBSTETRICS AND GYNECOLOGY



Your home for healthcare

Physician Name: _____

Obstetrics and Gynecology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in obstetrics and gynecology:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in OB/GYN.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in OB/GYN by the ABOG/AOBOG. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required current experience:

- Applicants must be able to demonstrate that they have performed at least 50 deliveries (including at least five C-sections) and at least 25 gynecological surgical procedures (including at least five major abdominal cases), reflective of the scope of privileges requested, in the past 12 months, or that they have successfully completed an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months

References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicants in OB/GYN must be able to demonstrate that they have demonstrated competence and adequate volume of experience in 50 deliveries (including at least 10 C-sections) and 50 gynecological surgical procedures (including at least 10 major abdominal cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges include but are not limited to:
Core Privileges: Core privileges for <u>obstetrics</u> include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. May provide care to patients in the intensive care setting in conformity with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			<ul style="list-style-type: none"> • Amniocentesis • Amnioinfusion • Amniotomy • Application of internal fetal and uterine monitors • Augmentation and induction of labor • Cerclage • Cervical biopsy or conization of cervix in pregnancy • Cesarean hysterectomy, cesarean section • Circumcision of newborn • External version of breech • Hypogastric artery ligation • Immediate care of the newborn (including resuscitation and intubation) • Interpretation of fetal monitoring • Management of high-risk pregnancy, inclusive of such conditions as pre-eclampsia, postdatism, third-trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities • Management of patients with or without medical, surgical, or obstetrical complications for normal labor, including toxemia,

			<p>threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, and fetal demise</p> <ul style="list-style-type: none"> • Manual removal of placenta, uterine curettage • Medication to induce fetal lung maturity • Normal spontaneous vaginal delivery • Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques • Operative vaginal delivery (including the use of obstetric forceps and/or the vacuum extractor) • Performance of breech and multifetal deliveries • Performance of history and physical exam • Pudendal and paracervical blocks • Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations • Treatment of medical and surgical complications of pregnancy • Vaginal birth after previous cesarean section
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy • Aspiration of breast masses • Cervical biopsy, including conization • Colpocleisis; Colpoplasty; Colposcopy • Cystoscopy as part of a gynecological procedure • Diagnosis and management of pelvic floor dysfunction, including operations for its correction (e.g., repair of rectocele, enterocele, cystocele, or pelvic prolapse) • Diagnostic and therapeutic dilation and curettage • Diagnostic and operative laparoscopy (other than tubal sterilization) • Endometrial ablation • Gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques • Hysterectomy, abdominal and vaginal, including laparoscopically assisted • Hysterosalpingography • Hysteroscopy, diagnostic or ablative, excluding the use of the resection technique • Incidental appendectomy • Incision and drainage of pelvic abscesses • Laparotomy (other than tubal sterilization) • Metroplasty • Myomectomy, abdominal • Operation for treatment of early-stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix • Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, and sling procedure • Operation for uterine bleeding (abnormal and dysfunctional) • Operations for sterilization (tubal ligation, transcervical sterilization) • Operative management of pelvic pain • Performance of history and physical exam • Tuboplasty and other infertility surgery (not microsurgical) • Uterosacral vaginal vault fixation, paravaginal repair • Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair • Vulvar biopsy • Vulvectomy, simple • Omentectomy as part of cancer staging • Use of laser
<p>Core Privileges: Core privileges in <u><i>gynecology</i></u> include the ability to admit, evaluate, diagnose, treat, and provide consultation and the pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and nonsurgically treat disorders and injuries of the mammary glands. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria
Refer-and-follow privileges			<p>Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.</p>

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for obstetrics and gynecology include.			<input type="checkbox"/> Robotic-assisted system for gynecologic procedures	Refer to criteria
			<input type="checkbox"/> Preceptor Robotic-assisted system for gynecologic procedures	Refer to criteria
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
			<input type="checkbox"/> Epidural for labor pain	New Applicant: Must have anesthesia approval if not completed an ACGME- or AOA-accredited 6-month residency program. AND The applicant must have the first 6 cases proctored by anesthesia. If a residency program has been completed, the first 3 cases must be proctored by anesthesia. <i>(*Members of the Staff prior to the adoption of these privileges 12/2012 are considered grandfathered in).</i>
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			Non-Core	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date