



Obstetrics & Gynecology KHHM
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Education/Training	Must have successfully completed an ACGME/AOA-accredited residency Obstetrics and Gynecology.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation 50 deliveries (to include 10 C-sections) in the past 12 months and the performance of at least 25 gynecological surgical procedures (to include at least 5 major abdominal cases) reflective of the scope of privileges requested in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	Current demonstrated competence and documentation of 25 deliveries (to include at least 5 cesarean section with acceptable results, reflective of the scope of privileges requested, for the past 24 months
	AND
	12 gynecological surgical procedures (to include at least 4 major abdominal cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months
	AND
	Competencies are based on results of ongoing professional practice evaluation and outcome

AND

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges

Utilization Requirements

Physicians requesting courtesy privileges in the Department of Obstetrics and Gynecology will be limited to 10 deliveries and 20 gynecologic procedures per year. Physicians exceeding this number who hold privileges in both Obstetrics and Gynecology will be asked to change to active status and be required to be included in the OB/Gyn Emergency Room call schedule. (Approved by Department of Obstetrics & Gynecology 10/7/05)

AND

General Residence Requirement: A member of the Fort Hamilton Hospital Obstetrics-Gynecology Department should reside within thirty (30) minutes of Fort Hamilton Hospital. The thirty minutes should be based on applicable speed limits and reasonably expected traffic patterns. In cases where this requirement cannot be met, another member(s) of the OB/Gyn Department may be named. This designee will be asked to submit a letter in writing to Medical Staff Services which will remain in the original member's credentials file. That designee must meet the thirty minute requirement.

AND

Gynecology On-Call Requirement: While on call for gynecologic patients, the Ob-Gyn must be physically located within thirty minutes of Fort Hamilton Hospital. For life threatening emergencies this means being able to begin a procedure/evaluate a patient within thirty minutes of being called to the hospital. If this is not possible for any reason, a designee must be identified and be able to meet this requirement.

AND

Obstetric On-Call Requirement: While on call for obstetric patients or potential obstetric patients who may come to the hospital for care, the obstetrician must be able to begin a Cesarean Section or attend a delivery within thirty minutes of being called to the hospital. If less than thirty minutes, Labor and delivery personnel should be aware of the obstetrician's expected response time for attending a delivery once he/she is called. For patients in active labor it is necessary for the obstetrician to be available to Labor and Delivery personnel for prompt phone consultation. If this is not possible for any reason, a designee must be identified and be able to meet this requirement.

Primary Privileges Obstetrics & Gynecology

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Obstetrics (Core Privileges include: Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients and provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.)	
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Perform History and Physical Examinations	
	Consultation privileges in Obstetrics	
	Amniofusion	
	Amniocentesis, including genetic	
	Amniotomy	
	Application of internal fetal and uterine monitors	
	Augmentation and induction of labor	
	Breech presentation	
	Cesarean hysterectomy	
	Cesarean section	
	Cerclage	
	Cervical biopsy or conization of cervix in pregnancy	
	Circumcision of newborn	
	Evacuation of vulvar & vaginal hematomas.	
	External version of breech	
	Hypogastric artery ligation	
	Interpretation of fetal monitoring	
	Management of high-risk pregnancy, including of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor and multiple gestation and placental abnormalities.	
	Management of patients with/without medical surgical or obstetrical complications for normal labor, including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.	
	Manual removal of placenta, uterine curettage.	
	Medications to induce fetal lung maturity.	
	Normal spontaneous vaginal delivery.	
	Obstetrical ultrasound, Category I = fetal position, placenta localization	
	Operative vaginal delivery (including vacuum extraction, breech extraction, low or mid forceps, including rotations)	
	Order for administration of installation of newborn Erythromycin ophthalmic	
	Order for administration of Vitamin K 1mg (0.5ml) IM before 1 hours of age	
	Perform history and physical exam	
	Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations.	
	Tongue clipping - newborn	

	Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy, and other accidents of pregnancy, such as incomplete, complete or missed abortion or hydatid mole.	
	Vaginal birth after cesarean section (VBAC)	
	Gynecology (Core Privileges include: Admit, evaluate, diagnose treat, and provide consultation and 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 non-surgically treat disorders and injuries of the mammary glands. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergency conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same technique and skills.)	
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Perform History and Physical Examinations	
	Consultation privileges in Gynecology	
	Abdominal wall evisceration repair	
	Administer chemotherapy for ectopic pregnancy	
	Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy.	
	Aspiration of breast masses.	
	Bartholin/Skene's gland surgery	
	Cervical biopsy including conization	
	Colpoclesis	
	Colpoplasty	
	Colposcopy	
	Cystoscopy as part of gynecological procedure	
	Cystotomy/cystostomy	
	Diagnostic and operative laparoscopy	
	Diagnostic and therapeutic D & C	
	Endometrial ablation	
	Excision prolapse urethral meatus	
	Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions.	
	Gynecologic sonography	
	Hymenotomy/hymenectomy	
	Hysterectomy, abdominal, vaginal, including laparoscopic-assisted	
	Hysterosalpingography - requires Fluoroscopy certificate	
	Hysteroscopy, diagnostic or ablative excluding use of resection technique	
	I & D of pelvic abscess	
	Incidental appendectomy	
	Laser use in gynecology for cervix, vulva or vagina	
	Laser use with laparoscopy or with laparotomy	
	Local excision of skin lesion	
	Major vessel ligation	
	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, sling procedure	
	Operation for uterine bleeding (abnormal and dysfunctional)	
	Operations for sterilization (tubal ligation, transcervical sterilization)	
	Operative and diagnostic hysteroscopy including myomectomy, polypectomy, lysis of adhesions, and septoplasty	
	Paravaginal repair	
	Pelvic lymph node biopsy/dissection	
	Pelvic lymph node biopsy/dissection with consultation and assistance	
	Perform history and physical exam	
	Pubovaginal urethral suspension/sling	
	Repair of rectocele, enterocele, cystocele, or pelvic prolapse	
	Sacrocolpopexy	
	Scarospinous ligament suspension	
	Tuboplasty and other infertility surgery (not microsurgical)	
	Uterosacral culposuspension	
	Uterosacral vaginal vault fixation, paravaginal repair	
	Uterovaginal, vesicovaginal, rectovaginal and other fistula repair	
	Vulvar biopsy	
	Vulvectomy simple	

Gynecologic Oncology

Qualifications

Certification Meet criteria for obstetrics and gynecology, plus an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in gynecologic oncology AND/OR Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate performance of at least 12 gynecologic oncology procedures, reflective of the scope of privileges requested, in the past 12 months, or demonstrate successful completion of an ACGME- or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Clinical Experience (Reappointment) To be eligible to renew core privileges in gynecologic oncology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (25 gynecologic oncology procedures) 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 ability to perform privileges requested is required of all applicants for renewal of privileges

Request	<p><i>Request all privileges listed below.</i></p> <p><i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
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	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and the resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.	
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Pelvic prolapse repair with mesh

Qualifications

Education/Training	Proof of training and competence
Clinical Experience (Reappointment)	Demonstrate competence and an adequate volume of experience with acceptable results.
Note	All new medical devices or procedures require documentation of training and competence and must be first approved by the department chair, credentials committee, medical executive committee and board of trustees.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Pelvic prolapse repair with mesh	

Sacral Nerve Stimulation for Urinary Control

Qualifications

Education/Training	Applicants must have completed a training course in InterStim Therapy and should be proctored in the initial neurostimulator implant cases.
Clinical Experience (Initial)	Demonstrated current competence and evidence of performance of at least 6 InterStim Therapy stimulator test and implant procedures in the past 12 months.
Clinical Experience (Reappointment)	Demonstrated current competence and evidence of the performance of at least 6 InterStim Therapy stimulator test and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes
Note	All new medical devices or procedures require documentation of training and competence and must be first approved by the department chair, credentials committee, medical executive committee and board of trustees.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec

Total Laparoscopic Hysterectomy

Description: NOTE: ALL proctoring at FHH requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at FHH in the same specialty as the applicant with total laparoscopic hysterectomy privileges and adequate case volume. All proctors are to be approved by the respective Clinical Department Chair.

Qualifications

Membership	For initial total laparoscopic privileges, the applicant must fulfill the following criteria:
Education/Training	Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed. AND Submit proof of training and competence.
Clinical Experience (Initial)	If RESIDENCY COMPLETED WITHIN LAST THREE YEARS; Applicant must provide letter from the program director affirming qualification to perform the requested procedure AND Case log of at least (10) ten cases in the last 12 months. AND If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next (4) four cases performed at FHH should be reviewed by the Department Chair or designee. IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR EXPERIENCE; Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure; AND Case log of at least (10) ten cases performed in the last 12 months. AND If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee. IF RESIDENCY TRAINED BUT NO PRIOR EXPERIENCE; Must submit proof of training AND Observe and document (2) two cases with preceptor physician. AND Perform a minimum of (3) three proctored cases AND Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor. AND After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim. AND The next (5) five cases performed at FHH shall be reviewed by the Department Chair, or designee
Clinical Experience (Reappointment)	Proficient completion of (10) ten cases, including those at outside institutions during the reappointment cycle. (5) five of those cases should be done in the last 12 months. AND If <5 cases in the last 12 months, the first case should be proctored
Note	All new medical devices or procedures require documentation of training and competence and must be first approved by the department chair, credentials committee, medical executive committee and board of trustees.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Total Laparoscopic Hysterectomy	

Robotic Assisted Surgery (da Vinci)

Description: NOTE: ALL proctoring at FHH requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at FHH in the same specialty as the applicant with robotic assisted surgery privileges and adequate case volume. All proctors are to be approved by the respective Clinical Department Chair.

Qualifications

- Membership** For initial robotic assisted privileges, the applicant must fulfill the following criteria:

- Education/Training** Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed

- Clinical Experience (Initial)** If RESIDENCY COMPLETED WITHIN LAST THREE YEARS; Applicant must provide letter from the program director affirming qualification to perform the requested procedure(s) using the robotic system
 - AND**
 - Case log of at least 10 cases in the last 12 months.
 - AND**
 - If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.
 - IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR ROBOTIC EXPERIENCE; Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure(s) using the robotic system;
 - AND**
 - Case log of at least 10 cases performed in the last 12 months.
 - AND**
 - If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.
 - IF RESIDENCY TRAINED BUT NO PRIOR ROBOTIC EXPERIENCE; Completion of Mini Fellowship Training that includes computer-based education, porcine lab, docking and problem resolution training.
 - AND**
 - Observe and document two cases with preceptor physician.
 - AND**
 - Perform a minimum of three proctored cases acting as primary physician
 - AND**
 - Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor.
 - AND**
 - After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.
 - AND**
 - The next five cases performed at FHH shall be reviewed by the Department Chair, or designee.

- Clinical Experience (Reappointment)** Proficient completion of 10 cases, including those at outside institutions during the reappointment cycle. 5 of those cases should be done in the last 12 months.
 - AND**
 - If <5 cases in the last 12 months, the first case should be proctored
 - AND**

Ongoing continuing medical education in robotics

Additional Qualifications Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Robotic Assisted Surgery (da Vinci)	

Special Privileges Obstetrics & Gynecology

Description: The below special privilege(s) are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Obstetrics & Gynecology	

Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Laser	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chairman. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date