

Obstetrics and Gynecology KHDO

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. Applicant 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	
Membership	Appointment to the Department of Obstetrics and Gynecology of Kettering Health Dayton and Kettering Health Washington Township Hospitals will be made in the following categories: Courtesy Staff and Active Staff.	
	AND	
	I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.	
Education/Training	Applicants who are newly graduated residents must take the written and oral exam as soon as eligible. If they fail three times, privileges will be reduced to minor ob/gyn until passage. Evidence of application must be provided yearly. Failure to attempt exam will result in loss of major privileges. Extenuating circumstances will be handled on an individual basis.	
Continuing Education	AOA members are required to obtain a minimum of 150 CME credit hours for each three (3) year calendar period. A minimum of 60 credits of total requirements must be obtained under category IA or IB.	
	AND	
	Certified physician when board certified or board eligible must be a minimum of 50 credit hours or more as may be mandated by the board of their basic credentialing in each three (3) year CME period.	
	AND	
	State of Ohio has a minimum requirement of 100 credit hours every two (2) year cycle.	
Certification	Should members not be board certified within the six-year time frame, privileges will be reduced to minor obstetrics and gynecology until successful completion of AOBOG certification (or allopathic	

	equivalent).
	AND
	All applicants who have completed residency more than six years prior to application must be AOBOG or ABOG board certified to attain Active, Courtesy privileges.
	AND
	The requirements for board certification and maintenance of said certification should be according to the guidelines of ACOOG and ACOG.
Clinical Experience (Reappointment)	Included in the reappointment review will be professional activities, committee assignments and attendance at department and medical staff meetings. Documentation of CME meetings, state licensure, and malpractice will be submitted.
	AND
	The Department of Obstetrics and Gynecology will submit their recommendations for reappointment/reclassification of privileges for action to the Credentials Committee.
Note	Members of the Courtesy Staff shall be restricted to 25 annual patient contacts. Members exceeding 25 patient contacts will be required to advance to the Active Staff. Refusal to accept Active Staff appointment will result in termination of medical staff membership and privileges.

Primary Privileges Obstetrics and Gynecology

	Qualifications	
Procedures in Critical Care/Other Hospital Areas	A listing outlining specified procedures which can be performed in an elective or non- emergent s situation for critical care or other areas of the hospital has been developed and will be used for members' use in defining privileges in these areas. AND	
	If requesting privileges in Critical Care for procedures delineated by other departments, the applicant must apply to the individual department involved. AND	
	This excludes GYN Oncologist who are board certified or residency trained m GYN Oncology and are in good standing.	
High Risk	It is important to identify, as early in pregnancy as possible, mothers and fetuses who are at high risk. When the status of the fetus is in question, consultation is mandatory with an obstetrician, gynecologist, oncologist, and/or pediatrician who has knowledge, experience and recognized competence both in high risk obstetrics and care of high risk fetuses and newborns. These include: Intrauterine Transfusion; Fetoscopies; Class C Diabetics or worse; Immunosensitized; Ultrasound Interpretation	
Oncology and Radiation Therapy	Patients with invasive gynecologic cancer should be under the care of a gynecologist with recognized competence in the management of cancer of the female reproductive tract or a gynecologic oncologist.	
Laparoscopy	Diagnostic Laparoscopy; Sterilization Procedures (BTF, BTB, BTRA); and Lysis of Adhesions, Fulguration of Endometriosis	
Laser	External; Intra-abdominal (would necessitate infe1tility privileges); Laser privileges require Level IIA privileges; **Please see criteria developed for obtaining laser privileges.	
Infertility Procedures	Lysis of pelvic adhesion; Conservative surgery for severe endometriosis; Tuboplasty of any type (micro or macro, comual or posterior re-implantation, reconstruction or re-anastomosis and fimbrioplasty); Metroplasty	
Minor Obstetrics	Management and delivery of normal obstetrical cases with vertex presentations with spontaneous delivery, low outlet forceps or vacuum extractor with episiotomy and repair of first or second degree lacerations of the perineum.	
Minor Gynecology	Diagnostic D&C D&C for incomplete abortion; Biopsy and cautery of the cervix; Laser vaporization of cervix	

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Department/Section Chair	Credentials Committee Chair
	Level I A - Minor OB (Minimal formal training in the discipline but with training and experience in the care of specific conditions.)		
	Administration of local anesthesia and pudendal block		
	Episiotomy and repair of second degree laceration		
	Maternal-fetal monitoring		
	Normal antepartum and postpartum care		

	complicated labor and delivery (no induction) and no melarocentetions	
	complicated labor and delivery (no induction) and no malpresentations	
	el I B - Minor OB (Physician with significant graduate training in the cialty of OB/GYN. These physicians shall have no less than one year in an	
	oved OB/GYN training program.)	
	el I minor OB privileges plus	
	sumcision of newborn male	
	ctive low and outlet forceps	
	cated induction of labor after consultation	
	nual removal of placenta	
	nual rotations	
	air of third degree episiotomy	
	el I A - Major OB (Physician has completed residency training program in	
	specialty and is either board certified or board eligible)	
	el IA or IB minor OB privileges plus	
	cesarean deliveries	
	high risk pregnancies, including major medical diseases, complications	
	regnancy except intrauterine transfusions	
	/aginal deliveries	
	niocentesis, excluding cordocentesis	
	nio infusion	
Cero	clage placement	
	el II B - Complex OB (Physician with significant formal training beyond	
	pletion of residency. Applicants must submit documentation of training)	
Cho	rionic villius sampling (CVS)	
	docentesis and intrauterine umbilical cord transfusion	
Feto	озсору	
	auterine transfusion	
Lev	el I A - Minor Gynecology	
Assi	ist in gynecologic surgery	
	luation of pelvic findings	
	itution of medications, ordering of laboratory and radiographic studies	
	el I B - Minor Gynecology (Level I A plus the minor surgical procedures.)	
	vical cautery	
	C's for incomplete abortion, diagnosis, or therapy	
	ometrial biopsies	
	ision condylomata	
	supialization of Bartholin cyst	
	el II A - Major Gynecology (Level I B Minor Gynecology plus:)	
	ization of cervix	
	teroscopy - operative or diagnostic	
	dental appendectomies	
	rtility and microsurgical technique	
	aroscopy - operative or diagnostic	
	arotomy for gynecologic condition(s)	
	dical & non-radical treatment of gynecologic cancers	
	air of bladder and/or urethropexy, colporrhaphy	
	oplasty of any type (micro or macro, cornual or posterior,	
	plantation, reconstruction, or reanastomosis, and fimbrioplasty)	

Vaginal and/or abdominal hysterectomy	(to include removal of tubes &	
ovaries as indicated)	(
Special Gynecology (Training beyond Ol	B/GYN residency)	
Category I		
Radical surgical treatment of gynecologi radical hysterectomy, pelvic exenteration		
Category II		
Intra-abdominal (C02, KTP, Nd:YAG)		
Laser laparoscopy (with or without video hysteroscopy)) (C02, KTP, Nd:YAG) Nd:YAG,	
Laser use in gynecology		
Use externally on vagina, vulva, or cervi	x (C02, KTP, Nd:YAG)	
Category III		
In-vitro fertilization and Gamete intra-fall	lopian tube transfer	
Catergory IV		
Pelviscopy		
Category V		
Endometrial Ablation		
Other Privileges		
Colporrhaphies		
Diagnostic cystoscopy		
Intraoperative diagnostic cystoscopy		
Midurethral sling		
OB ultrasound		
Sacral colpopexy		
Stent placement		
Suspension procedures		
Tension free vaginal tape obturator (TV	ГО)	
Transvaginal sling		
Gynecologic Laser Surgery		
Intrauterine endoscopic		
Laparoscopy/videolaseroscopy		
Lower genital tract		
Open abdominal		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township 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. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Clinical Service Chair Recommendation - Privileges

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

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

Privilege	Condition/Modification/Deletion/Explanation	

Clinical Service Chair Recommendation - Additional Comments	

Chair, Department/Section

Chair, Credentials Committee

Date

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Date