

Name _____

Date _____

DELINEATION OF PRIVILEGES - OBSTETRICS & GYNECOLOGY

All members of the Department of Obstetrics and Gynecology at Kaleida Health must meet the following requirements:

1. Successful completion of an ACGME accredited Obstetrics and Gynecology Residency program, AOA, Royal College of Physicians and Surgeons of Canada, or an ACGME equivalent OB/GYN residency program.
2. Board certification in Obstetrics and Gynecology, if not board certified, applicant will be given 7 years from date of initial appointment to obtain certification. *Maintenance of Board Certification is mandatory for all providers who have achieved this status.*

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

All privileges listed are for Adult and/or Pediatric patients.

GYNECOLOGY PRIVILEGES

Level I Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice, but there is no need to delineate these privileges individually.

| <u>LEVEL I (CORE) GYNECOLOGY PRIVILEGES</u> | | |
|--|---|--|
| <i>Applicants for Level I privileges have successfully completed an ACGME accredited obstetrics and gynecology residency program. The following procedures are included at this level.</i> | | |
| Abdominal Cerclage – Open Abdominal Cerclage Laparoscopic Abdominal Scar Revision Admission and Follow-up Breast Cyst Aspiration Anterior/Posterior Colporrhaphy Cervical Biopsy/Polypectomy Cervical Cone Biopsy Cerviconization (laser abl. & cone bx.) Colposcopy Colpotomy Cystotomy & Closure (RmCalculi) Colpopexy/Hysteropexy Laparoscopic Diagnostic Laparoscopy Dilatation & Curettage Ectopic Pregnancy Laparoscopy Laparotomy Methotrexate Enterocoele Repair Enterotomy and closure (site specific) Excision of Bartholin Cyst Excision of Vaginal cyst/Tumor Diagnostic Laparotomy/Laparoscopy Fallopian Tube Ligation Gynecologic Ultrasound (Non-Ob/Ob) History and Physical for diagnosis and treatment plan Hymenotomy, Hymenectomy Hysterectomy, abdominal, vaginal, Supracervical Hysteroscopic tubal occlusion Ureteral Stent Placement (at Hysterectomy, bladder suspension &/or pelvic dissection) | <p align="center"><u>HYSTEROSCOPY</u></p> Guided Endometrial Ablation/Resection (Roller Ball, Cautery, etc.) Global Endometrial Ablation (Novasure, Balloon, Cryo, etc.) Resection of Submucous Fibroid Removal of Fibroid/Polyp Asherman’s Syndrome Removal of multiple or large myomas | Laser of Lower Genital Tract (site specific) Leep Procedure LeFort procedure/colpocleisis (pelvic reconstruction) Marsupialization Bartholin Cyst Missed Abortion by suction/Induction of Labor(IOL) Myomectomy, Abdominal, Vaginal Omentectomy Oophorectomy Ovarian Cystectomy Perineoplasty Pregnancy Termination Suction <12 Weeks Repair of Wound Dehiscence (AbdWd) Salpingectomy Salpingo-oophorectomy Salpingostomy Simple Vulvectomy Soft tissue/skin excisional & incisional biopsy Spontaneous Abortion Trachelectomy/cervicectomy Umbilical Hernia Repair (Open or Laparoscopic) Uterine Suspension Vulvar or Vaginal Biopsy Wedge Resection (Ovary) Wide local excision (site specific) |
| | <p align="center"><u>LAPAROSCOPY</u></p> Laparoscopic Assisted Hysterectomy Adhesiolysis for Moderate/Severe Adhesions involving bowel Salpingostomy for infertility Management of AFS Stage III-IV Endometriosis Ureteral Dissection Cystoscopy/Cystourethroscopy (at hysterectomy, bladder suspension &/or pelvic dissection) SILS (Laparo-Endoscopic Single-Site (LESS) Surgery) | |

LEVEL II FELLOWSHIP TRAINED GYNECOLOGY PRIVILEGES

Applicants for Level II privileges have successfully completed an ACGME accredited obstetrics and gynecology residency program and an ACGME accredited Fellowship as indicated.

In the absence of an ACGME accredited Fellowship training program initial request:

· Case list will be required covering the past 2 years of practice and at the discretion of the chief of service a six month review of performance, at which time a recommendation by the COS will be made to maintain or withdraw privileges.

LEVEL II (CORE) GYNECOLOGY PRIVILEGES

Applicants for Level II Core privileges have successfully completed an ACGME accredited obstetrics and gynecology residency program and an ACGME accredited Fellowship.

| | | | | |
|--|-----------------------|---|-------------|--------------------------------------|
| Breast Biopsy Ventral Herniorrhaphy | Pre-sacral neurectomy | Laparoscopic Urethral Suspension Laparoscopic Pelvic Lymphadenectomy Laparoscopic Vaginectomy | | |
| The above Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually. | Requested | Granted | Not Granted | Granted with following requirements: |
| Level II Core Gynecology (Fellowship Trained Privileges) | | | | |

ONCOLOGY Level II (Core)

The following privileges require

successful completion of an ACGME Accredited Fellowship in Gynecologic Oncology

| | | | | |
|--|--|--|-------------|--------------------------------------|
| Vaginectomy Radical Abdominal Hysterectomy Radical Vaginal Hysterectomy Pelvic & Para-aortic Lymphadenectomy Robotic: Ureteral Reimplant, Ureteral Repair, Vaginectomy, Pelvic/Peri aortic lymph node dissection, Radical Hysterectomy Pelvic Exam for Cervical Cancer Staging | Pelvic Exenteration Bowel Resection Colostomy Ureteral Repair Intracavitary Cesium Insertion Chemotherapy for Malignant Disease Radical Vulvectomy w/Groin Nodes | Radical Mastectomy w/Axillary Dissection Recto-vaginal fistula repair Partial mastectomy Simple mastectomy CVP Catheter/Device Placement Urinary Diversion Cytoreductive surgery (site specific) Laparoscopic: Vaginectomy | | |
| The above Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually. | Requested | Granted | Not Granted | Granted with following requirements: |
| Level II Oncology Core (Fellowship Trained Privileges) | | | | |

PELVIC RECONSTRUCTION Level II (CORE)

The following privileges require

successful completion of an ACGME Accredited Fellowship in Urogynecology or Minimally Invasive Surgery or GYN Oncology

| | | | | |
|--|---|---|-------------|--------------------------------------|
| Vaginal reconstruction Recto-vaginal fistula repair Sacrospinous fixation Abdominal sacrocolpopexy | Vaginal Mesh Insertion Retroperitoneal Colpopexy Transobturator Mesh Deployment Ischiorectal Fossa Mesh Deployment | Retroperitoneal Colpopexy Transobturator Mesh Deployment Ischiorectal Fossa Mesh Deployment | | |
| The above Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually. | Requested | Granted | Not Granted | Granted with following requirements: |
| Level II Pelvic Reconstruction Core (Fellowship Trained Privileges) | | | | |

| REPRODUCTIVE ENDOCRINOLOGY Level II (CORE) | | | | |
|--|------------------|----------------|--------------------|---|
| The following privileges require successful completion of an ACGME Accredited Fellowship in Reproductive Endocrinology | | | | |
| IVF (infertility) Embryo Transfer | GIFT | | Metroplasty | |
| The above Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually. | Requested | Granted | Not Granted | Granted with following requirements: |
| Level II Reproductive Endocrinology Core (Fellowship Trained Privileges) | | | | |

| UROGYNECOLOGY Level II (CORE) | | | | |
|--|--|----------------|--|---|
| The following privileges require successful completion of an ACGME Accredited Fellowship in Urogynecology | | | | |
| Cystoscopy with Periurethral injection of bulking agent (Macroplastique) Cystoscopy with intravesical injection of Botox Pereyra procedure | Sacral Nerve Modulation Transvaginal Urethral Suspension Transabdominal Urethral Suspension Urodynamic evaluation | | Urethral sling procedure Transoturator Tape – In to out Transoturator Tape – Out to In [cystoscopy privileges eq'd] Vesico-Vaginal fistula repair Robotic: Ureteral Re-implant, Ureteral Repair | |
| The above Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually. | Requested | Granted | Not Granted | Granted with following requirements: |
| Level II Urogynecology Core (Fellowship Trained Privileges) | | | | |

Level II Gynecology Privileges Meeting specific training and case list requirements

Minimal requirements:

1. Successful completion of an ACGME accredited Fellowship, AOA, Royal College of Physicians and Surgeons of Canada, or an ACGME equivalent fellowship program.
2. Board certification in specified specialty, if not board certified, applicant will be given 7 years from date of initial appointment to obtain certification in this specialty. *Maintenance of Board Certification is mandatory for all providers who have achieved this status.*

In the absence of Fellowship training:

· Case list will be required

Or

· Physicians who have just completed residency must submit documentation from the residency program director demonstrating proficiency during training in the requested area from an ABOG-approved residency program.

Or

· A completed Proctor/Preceptor's Report (Five cases are required unless otherwise indicated) - minimum of two different preceptors (Proctor/Preceptor form can be obtained by calling the Medical Staff Office at 859-5502).

The Proctor/Preceptor's Evaluation form must be completed and signed by proctor/preceptor with recommendation and all relevant pathology reports attached in order for the department to act on the privilege request.

Only physicians, who have current privileges within KALEIDA HEALTH, in the requested area, may serve as proctors/preceptors.

These procedures may require additional documentation of experience or training at the discretion of the Chief of Service.

It is the requesting physician's responsibility to provide all of the above documentation for each group of Level II privileges requested.

| LEVEL II GYNECOLOGY PRIVILEGES | Requirements (volume over last two years) | | Requested | Granted | Not Granted | Granted with following requirements: |
|---|---|---------------|-----------|---------|-------------|--------------------------------------|
| | Initial | Reappointment | | | | |
| LAPAROSCOPY – the following privileges require successful completion of an ACGME Accredited OB/GYN Fellowship | | | | | | |
| Incidental Appendectomy | 5 | 2 | | | | |
| INTERSTIM THERAPY Pathways: | | | | | | |
| Requires documentation of having received training during ACGME accredited Gynecology Fellowship. | | | | | | |
| OR | | | | | | |
| Attending a Theory & Technique course on Interstim Therapy, observing 2 cases performed by an Interstim-credentialed physician. | | | | | | |
| OR | | | | | | |
| Completing the InterStim on-line educational program and successfully completing training with the InterStim simulator. | | | | | | |
| OR | | | | | | |
| Completing the InterStim on-line education program and observing chronic lead placement at an InterStim experience physician site. | | | | | | |
| Regardless of the pathway selected, the physician requesting privileges in InterStim Therapy must be proctored on his first case by an InterStim Credentialed Physician and the requesting physician's performance deemed satisfactory by the proctoring physician. | | | | | | |
| Interstim Therapy | | | Requested | Granted | Not Granted | Granted with following requirements: |
| | | | | | | |
| Reproductive Endocrinology | Initial | Reappointment | Requested | Granted | Not Granted | Granted with following requirements: |
| Salpingoplasty | 5 | 2 | | | | |
| Intra-abdominal laser | 5 | 2 | | | | |
| Proximal Fallopian Tube Cannulization | 5 | 2 | | | | |
| Microtubal Anastomosis | 5 | 2 | | | | |

| SINGLE PORT/REDUCED PORT ROBOTIC PROCEDURES - GYNECOLOGY | | | | | | |
|---|--|--|-----------|---------|-------------|--------------------------------------|
| <p>If proctorship is a pre-requisite, contact the Medical Staff Office for instructions & to obtain the required forms. You must be "approved with proctoring" PRIOR to performing the procedure within Kaleida.</p> <ol style="list-style-type: none"> Applicant must have unrestricted privileges to perform multiport robot assisted surgery. Applicant must have completed 25 multiport robot assisted surgeries. Applicant must provide documentation of one day dedicated hands-on experience training course designed for single port robotic surgery Applicant must have first three (3) single port robotic surgery cases proctored. Applicant must perform twenty five (25) robot-assisted surgeries each year with satisfactory results to maintain privilege. This may include a combination of both single and multiport robot assisted surgeries. Interruption of robot assisted surgery for more than 3 months will result in loss of full privileges; however, the surgeon will maintain provisional privileges with ability to reapply for unrestricted full privileges. Further, the surgeon must complete and provide documentation of completion of at least 4 hours of use of the Surgical Simulator prior to performing any robot assisted surgeries. <p>*To qualify to proctor robotic surgery, an applicant must also have completed a minimum of twenty-five (25) single port robotic surgery cases with satisfactory outcomes, and must agree to be present in the OR during the entire surgical procedure being proctored.</p> | | | | | | |
| | | | Requested | Granted | Not Granted | Granted with following requirements: |
| a. Single Port/Reduced Port Robot Assisted Benign Hysterectomy | | | | | | |
| b. Single Port/Reduced Port Robot Assisted Benign Salpingo-oophorectomy | | | | | | |
| May act as a Proctor for Single Port/Reduced Port Robotic Assisted Surgery in the Department of OB/Gyn. | | | | | | |

MULTIPOINT ROBOTIC PROCEDURES – GYNECOLOGY LEVEL I

1. Applicant must have unrestricted privileges for open and/or laparoscopic surgery procedures for which robot assisted surgeries/procedures will be performed.
2. When 2 robotic cases are completed at a particular level (as per the DOP level I, II, III) the applicant is then qualified to perform any cases in that level.
3. Current medical staff members:
 Successful completion of Intuitive Surgical Inc. training course (or equivalent sanctioned course).
AND
 2 cases minimum proctored by a robotics experienced surgeon in the same specialty as the applicant. The proctor will then determine if applicant is competent to perform robotics independently. If the proctor does not sign off after 2 cases, the next course of action will be decided by the Chairman of that department along with the Director of Robotics.
4. Initial applicants to medical staff:
 - A. If completing residency or fellowship - Documentation from the program director of the accredited training program in which robotics is a part of the experience obtained and verification of the individual's competency in the use of the robot for the procedures requested. This would include a case log and documentation as to the number of cases the applicant has been involved in.
AND
 2 cases proctored by a robotics experienced surgeon in the same specialty as the applicant (if the applicant is trained in a Kaleida Health residency program it is up to the discretion of the program director if trainee is required to have any proctored cases).
 - B. If > 1 year since completion of residency or fellowship and held robotics privileges at another institution - Documentation from the Chair of that surgical specialty department of the previous institution stating a history of safe use of the requested robotics surgeries.
AND
 10 cases minimum, at least 2 of which were during the previous year, as the primary surgeon; documentation from hospital or physician case log.
 - C. If no robotics privileges held at another institution - Successful completion of Intuitive Surgical Inc. training course (or equivalent sanctioned course).
AND
 2 cases minimum proctored by a robotics experienced surgeon in the same specialty as the applicant.
5. Re-privileging - To demonstrate current competence and maintain privileges, 12 cases must be performed at Kaleida Health during the 2-year reappointment cycle.
6. There will be periodic evaluations to monitor outcomes of all surgeons including patient safety, intra-op complications and O.R. time efficiency.
7. In the future if a Robot is placed at Children's Hospital these adult criteria may need to be revisited.
8. It is the responsibility of the surgeon applying for robotic privileges to arrange for the proctor. All efforts should be made by the applicant to secure a Kaleida Health surgeon to proctor. If this is not feasible then an outside proctor can be used. If the proctor does not have privileges at Kaleida Health and is going to assist in any way other than observation and discussion, the proctor must obtain temporary Kaleida Health privileges.

Proctor - To qualify to Proctor Level I Robotic Assisted Surgery robotic surgery, in the Kaleida system an applicant must also have completed a minimum of (25) Level I Robotic Surgery cases with satisfactory outcomes and must agree to be present in the O.R. during the entire surgical procedure being proctored.

| | Requested | Granted | Not Granted | Granted with following requirements: |
|---|-----------|---------|-------------|--------------------------------------|
| <ul style="list-style-type: none"> • Robotic Hysterectomy • Robotic Myomectomy • Robotic Salpingo-oophorectomy • Robotic Sacrocolpopexy • Robotic Abdominal Cerclage • Robotic Cystomy Repair • Robotic Salpingostomy and tubal reanastomosis infertility related procedures • Robotic Bladder Repair • Robotic Repair of a Vesicovaginal Fistula • Robotic Rectovaginal Fistula Repair | | | | |
| May Act as a Proctor for Level I Robotic Assisted Surgery in the Department of OB/Gyn. | | | | |

LEVEL III GYNECOLOGY PRIVILEGE – New Technology

Laparoscopic Ultra Sound Guided Radio Frequency Ablation for Destruction of Fibroids.

Requirements

Initial request:

1. *Must have level 1 GYN privileges*
2. *Didactic Training:*
 - a. *Vendor Training- must complete Instructions for Use (IFU), Warnings and risks, Indications for use, Instructions for use, and Clinical data and results.*
 - b. *Complete hands on training with Vendor representative.*
 - c. *Physician IFU and Hands on Training Acknowledgement to be submitted to Medical Staff office. This must be signed by Physician and Vendor representative.*
3. *Proctored Cases:*
 - a. *Complete a minimum of two proctored cases and satisfactorily demonstrate the trainee checklist. The two Physician Proctor/Vendor Physician Specialist documents to be submitted to Medical Staff office. These must be signed by Physician and Vendor Physician Specialist Proctor or Proctoring Physician. (GYN physician leader should eventually have the ability to give permission to have a system proctor when they deem the needed skill set achieved)*
4. *Monitored Cases:*
 - a. *Physician now credentialed should submit MRN/FIN and date of surgery to designated site physician leader of Gynecology for the first five (5) cases completed. This is to ensure acceptable outcomes and safety continues.*

Reappointment:

1. *Case list:*
 - b. *Submit case list of (5) cases completed.*

| Requested | Granted | Not Granted* | With following requirements** (provide Details) |
|-----------|---------|--------------|--|
| | | | |

OBSTETRICAL PRIVILEGES

Level 1 (core) privileges are those able to be performed after successful completion of an accredited residency program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice, but there is no need to delineate these privileges individually.

LEVEL I (CORE) OBSTETRICAL PRIVILEGES

Applicants for Level I privileges have successfully completed an ACGME accredited obstetrics and gynecology residency program. The following procedures are included at this level.

| | | |
|---|---|---|
| Spontaneous Vaginal Vertex Delivery Episiotomy & Repair (1° and 2°) Repair of Minor Lacerations (1° and 2°) Infant Circumcision Amniotomy Excision of Vulvar – vaginal/perineal lesions at delivery Anesthesia: Local, Perineal Infiltration, Paracervical, Pudendal Fetal Scalp Sampling NST/OCT Postpartum D&C Induction of Labor Augmentation of Labor Outlet Forceps Delivery Outlet Vacuum Delivery Repair of Major Lacerations (3°, 4°, sutures) and Sulcus Lacerations Abdominal/Cervical Cerclage Vaginal Breech Cesarean Hysterectomy | Amniocentesis for Lung Maturity Low or Mid-Forceps Delivery Low or Mid-Vacuum Delivery Cesarean Section Manual Removal of Placenta Evacuation of Vulvar/Vaginal Hematoma Amniocentesis for Lung Maturity Management of Postpartum Management of Sepsis (uncomplicated) Excision of External Hemorrhoids Classical Cesarean Section Repair Uterine, Cervical, Vaginal Laceration Evacuation of Vulvar/Vaginal Hematoma Breech: Spontaneous Inversion of Uterus Uterine Packing External Cephalic Version | SLE Multiple Pregnancy – twins Basic Ultrasound, BPP, Placenta, Position High Risk Pregnancies, to include but not limited to: HELLP Syndrome PIH Molar Pregnancy AIDS Substance Substance Abuse Asthma Epilepsy Thrombocytopenia Hypo/Hyperthyroidism Insulin Dependent diabetes Gestational Diabetes IUGR Management Preterm Labor |
|---|---|---|

LEVEL II FELLOWSHIP TRAINED OBSTETRICAL PRIVILEGES

Applicants for Level II privileges have successfully completed an ACGME accredited obstetrics and gynecology residency program and an ACGME accredited Fellowship training program as indicated.

In the absence of Fellowship training at initial request:

·Case list will be required covering the past 2 years of practice and proctoring for two (2) cases by a credentialed Kaleida Health physician who holds the requested privilege(s) and at the discretion of the chief of service a six month review of performance, at which time a recommendation by the COS will be made to maintain or withdraw privileges.

Maternal Fetal Medicine Level II (Core)

The following privileges require successful completion of an ACGME Accredited Fellowship in Maternal Fetal Medicine

| | | | | |
|--|---|--|--------------------|---|
| Genetic CVS <14 Weeks Consultative Multiple Pregnancy ≥ 2 Consultative Ultrasound Examination Doppler Flow Studies Fetal Echocardiography Abdominal Cerclage | Fetal Arrhythmia Fetal Anomalies Chorionic Villus Sampling Rh antibody Sensitization Fetoscopy Cordocentesis | Maternal Fetal Medicine Consultation Pregnancy Termination: Intra-amniotic injection D&E < 13 weeks D&E ≥ 13 weeks | | |
| The above Core privileges are those able to be performed after successful completion of an accredited training program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice, but there is no need to delineate these privileges individually. | Requested | Granted | Not Granted | Granted with following requirements: |
| Level II Maternal Fetal Medicine Core (Fellowship Trained Privileges) | | | | |

| <u>MODERATE/CONSCIOUS SEDATION</u> | | | |
|--|---------|--------------|--|
| <p>5. Providers seeking privileges in moderate/conscious sedation must complete either the ASA sedation course or Medsimulation course, receiving a score of 85% or above and repeat the course every 4 years (two years for those courses with a 2 year expiration date).</p> <p>6. Providers must also maintain airway management skills through current completed training and certification in ACLS, ATLS or PALS.</p> <p><i>(For details on course availability and maintenance please review the Moderate/Conscious Sedation document located on our credentialing web page.)</i></p> | | | |
| Requested | Granted | Not Granted* | With following requirements** (provide Details) |
| | | | |

| KEY | <u>*NOT GRANTED DUE TO:</u> Provide Details Below | <u>**WITH FOLLOWING REQUIREMENTS</u> Provide Details Below |
|------------|---|--|
| | 1) Lack of Documentation | 1) With Consultation |
| | 2) Lack of Required Training/Experience | 2) With Assistance |
| | 3) Lack of Current Competence (Databank Reportable) | 3) With Proctoring |
| | 4) Other (Please Define) (i.e., Exclusive Contract) | 4) Other (Please Define) |

DETAILS: _____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant / Date

_____/_____
Signature of Chief of Service / Date

Should you need to request any of the privileges on this form mid-cycle, please put your request in writing, along with all required documentation and send it to the Medical Staff Office. If you plan on being proctored for any privileges you must first request this in writing and send it to the Medical Staff Office with documentation of a completed training course. Your requests will be submitted to the Chief of Service for approval and then the Credentials Committee. You will receive notification of approval or denial. You can contact the Medical Staff Office at 716-887-4498 if you have any questions.

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS