

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **OBSTETRICS AND GYNECOLOGY**

Name: _____

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
Yes	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who CANNOT : 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST : 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and adequate volume of current experience with acceptable results for patients of all age groups, and one of the following:
Category 1	Current certification or active participation in the examination process leading to certification in Family Practice by the American Board of Family Practice; or Successful completion of an ACGME accredited residency program in Family Practice.
Category 2 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 Successful completion of an ACGME or equivalent accredited residency program in Obstetrics and Gynecology.
Category 3 Gynecologic Oncology or Maternal-Fetal- Medicine or Reproductive Endocrinology & Infertility	As for Category 2, plus: Current certification or active participation in the examination process leading to certification of special qualifications in Gynecologic Oncology, Maternal-Fetal Medicine, or Reproductive Endocrinology & Infertility by the American Board of Obstetrics and Gynecology; or Successful completion of an approved ACGME or equivalent fellowship in Gynecologic Oncology, Maternal-Fetal Medicine, or Reproductive Endocrinology & Infertility, or other formal training and experience equivalent to that received in such a fellowship.
Special Procedures followed by an Asterisk (*)	Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or another acceptable program and demonstration of indications for the procedure/test/therapy; and Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.
Use of Laser	Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser; or Documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.
Sedation	Moderate Sedation: Successful completion of the PURPLE Book test from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM) or equivalent. Deep Sedation: Successful completion of the PRS Self-Study packet and test from LLUMC-QRM or equivalent.

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<p style="text-align: center;">SPECIAL PROCEDURE Robotic Surgical Platform</p>	<p><u>Primary Surgeon:</u> Education and Training: The physician must have completed an approved residency program in OB/GYN in an ACGME approved program. Certification or demonstrated equivalent competence by the American Board of OB/GYN or demonstrated competency. Eligibility and current active privileges to perform the laparoscopic or thoracoscopic procedure being performed on the Robotic Surgical Platform are required. Active participation in the ongoing performance improvement program.</p> <p>AND</p> <p>Must show evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models.</p> <p>OR</p> <p>Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of 10 computer-assisted procedures in that program. With that experience, the Chief of the appropriate Section may, at his/her discretion recommend waiving further requirements after proctoring one surgical case of the applicant using the Robotic Surgical Platform.</p> <p>Proctoring: Successful completion of a minimum of <u>five (5)</u> proctored cases. The first two (2) procedures must be proctored by an approved and qualified proctor who meets the above qualifications, the other three (3) cases may be proctored by an LLUMC physician that has completed proctoring on the use of the Robotic Surgical Platform (same specialty not required). Need for additional proctoring, if any, to be determined by the Service Chief.</p>
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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
GENERAL					
	OB00300	Admit, treat, and consult on disease/disorder/conditions affecting the reproductive system of the body			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
CATEGORY 1					
	OB07600	Management of patients without medical, surgical or obstetrical complications for normal labor and spontaneous vaginal delivery with vertex presentation equal to or greater than 35 completed weeks gestation			
		Episiotomy and repair (first and second degree laceration)			
		Repair of vaginal and cervical lacerations (not extending greater than 4cm nor to the fornix)			
		Anesthesia, local			
	OB08511	Anesthesia, pudendal block			
	OB07530	Management of patients without medical, surgical or obstetrical complications for mild pre-eclampsia			
	OB00620	Amniotomy			
		Induction of labor (e.g. intravenous oxytocin, prostaglandin)			
	OB06040	Management of patients without medical, surgical or obstetrical complications for interpretation of electronic fetal monitoring (internal or external) during labor			
		Resuscitation of an infant			
	OB02300	Circumcision of an infant			
	OB98450	Non-stress test interpretation			
		Outlet forceps *			
		Outlet vacuum assisted delivery *			
		Manual removal of placenta			
		Repair of third degree laceration			

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MARK IF REQUESTED	CODE	OBSTETRICS CATEGORY 2 (ALL obstetrical illnesses and complications EXCEPT those listed under Category III Maternal-Fetal Medicine)	ACTION		
			Approved	Conditions	Denied
	OB12860	Treatment of medical complications of obstetrics			
	OB07400	Management of complications of pregnancy inclusive of such conditions as pre-term labor, pre-term premature rupture of membranes, abruptio placenta, placenta previa, previous cesarean section, pre-eclampsia, eclampsia, and multiple pregnancies			
		External cephalic version			
	OB07840	Management of fetal death in utero (second or third trimester)			
		Fetal scalp blood sampling in labor			
		Repair of cervical and vaginal lacerations extending to the fornix or greater than 4cm			
		Uterine curettage			
		Uterine packing			
		Management of inversion of the uterus			
		Anesthesia, paracervical block			
		Anesthesia, spinal			
	OB06740	Forceps delivery, low or mid (ACOG definition)			
		Cesarean section			
		Postpartum tubal sterilization			
		Repair of uterine lacerations			
	OB05110	Hypogastric artery ligation			
		Dilatation and curettage for incomplete, inevitable or missed abortion			
		Prostaglandin or intra-amniotic injection of hypertonic solutions for second trimester therapeutic abortion			
	OB07340	Treatment of ectopic pregnancy and other accidents of pregnancy; e.g., incomplete, complete or missed abortions			
		Salpingectomy for management of ectopic pregnancy			
		Management of breech vaginal delivery			
		Version and extraction			
		Evacuation of vulvar hematoma			
		Excision of vaginal cyst			
		Excision of vulvar lesions at delivery			
		Repair of incompetent cervical os (cerclage, etc.)			
		Amniocentesis 20 weeks or greater			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
GYNECOLOGY CATEGORY 2 (ALL gynecologic illnesses and complications EXCEPT those listed under Category III Reproductive Endocrinology & Infertility and Category III Gynecologic Oncology)					
	GYN07300	Management of patients in the Intensive Care Unit			
	GYN03050	Diagnostic dilatation & curettage			
	GYN05190	Incision and drainage of Bartholin cyst or perineal abscess			
	GYN05340	Incision and drainage of pelvic abscess			
	GYN02120	Cervical biopsy			
	GYN13480	Vulvar biopsy			
	GYN07910	Marsupialization of Bartholin cyst			
	GYN03060	Cervical conization			
	GYN06540	Laparotomy			
	GYN06540	Abdominal hysterectomy			
	GYN13310	Vaginal hysterectomy			
	GYN11390	Salpingectomy			
	GYN08600	Oophorectomy			
	GYN06511	Diagnostic laparoscopy			
	GYN06512	Operative laparoscopy			
	GYN08810	Vaginal repair			
	GYN08800	Urethral sling procedure			
	GYN08790	Retropubic urethral suspension			
	GYN10850	Rectovaginal fistula repair			
	GYN02540	Colposcopy			
	GYN02520	Colpoclesis, colpectomy			
	GYN03020	Fine needle aspiration			
	GYN03020	Cystoscopy			
	GYN05170	Hysterosalpingography			
		Hysteroscopy			
		Lymph node sampling			
		Incidental appendectomy			
		Incidental large, small bowel or bladder repair			
	GYN02990	Cystectomy, ovarian			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
CATEGORY 3 GYNECOLOGIC ONCOLOGY					
		Large and small bowel resection			
		Vesicovaginal fistula repair			
		Lymph node dissection			
		Pelvic exenteration			
		Urinary diversion			
		Ureteroneocystotomy			
		Segmental resection of the bladder			
		Ureteral repair			
		Radical hysterectomy			
		Radical colpectomy			
		Radical vulvectomy			
		Cesarean radical hysterectomy			
		Skin grafting			
		Myocutaneous flaps			
		Treatment of malignancy with chemotherapy			
		Incidental hernia repair (from previous gynecological procedure)			
CATEGORY 3 MATERNAL-FETAL MEDICINE					
		Consultation on obstetrical patients with complex obstetrical or medical complications of pregnancy; e.g., severe pre-eclampsia, insulin dependent diabetes, collagen vascular disease, and complex fetal anomalies			
		Genetic amniocentesis 15-20 weeks (per Genetic Disease Branch regulations)			
		Early amniocentesis (less than 15 weeks)			
		Chorionic villus sampling			
		Consultative ultrasound			
		Intrauterine fetal procedures, e.g., percutaneous umbilical cord sampling, and fetal therapeutic procedures			

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MARK IF REQUESTED	CODE	CATEGORY 3 GYNECOLOGIC ONCOLOGY	ACTION		
			Approved	Conditions	Denied
CATEGORY 3 REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY					
		Laparoscopic retrieval of oocytes			
		Ultrasound retrieval of oocytes			
		Embryo transfer			
		Microsurgical tubal reanastomosis and tubouterine implantation			
		Intra-abdominal transfer of gametes and zygotes			
		Culture and fertilization of oocytes			
SPECIAL PROCEDURE					
		Perform Robot Assisted Surgery using Robotic Surgical Platform Attach Required Certificate of Training See Privileging and Proctoring Requirements on Page 3 of this form			
SEDATION (Attach Appropriate Sedation Certificate)					
		Moderate Sedation			
		Deep Sedation			
USE OF LASER Use limited to approved applications for the specific laser requested. List and check "YES" in the REQUESTED column for each specific type of laser for which privileges are requested.					
		CO ₂			
	GYN13191	Vulva			
	GYN13192	Vagina			
	GYN13193	Cervix			
		NdYAG			
	GYN13194	Lower genital tract			
	GYN13195	Intrauterine			
		Intra-abdominal (laparoscopy)			
		Intra-abdominal (open)			
		KTP			
		Lower genital tract			
		Intrauterine			
		Intra-abdominal (laparoscopy)			
		Intra-abdominal (open)			

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USE OF LASER Continued					
		ARGON			
		Lower genital tract			
		Intrauterine			
		Intra-abdominal (laparoscopy)			
		Intra-abdominal (open)			

Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.;
and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any 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.

Signed: _____

Date: _____

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

Chief of Service

Date

Credentials Committee

Date

Medical Staff Executive Committee

Date

Governing Board Designee

Date