

# PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.OBGYN,

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## Current Privilege Status Key

Practitioner's Current Privilege status is signified in ( ) preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

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## Staff Category - Associate Staff

Requested      Granted

\_\_\_\_\_ ( ) ASSOCIATE MEDICAL STAFF:

The associate Medical Staff shall consist of physicians, dentists and podiatrists who are being considered for advancement to membership as active or courtesy members of the Medical Staff. They shall be appointed to a specific department and may be appointed to serve on committees. They shall be ineligible to hold office in this Medical Staff organization. However, candidates for active staff status shall have voting privileges and shall accept emergency department coverage assignments.

All associate Medical Staff memberships shall be provisional for a period of one year. Associate membership renewal may not exceed an additional year, following which the failure to advance from associate Medical Staff membership shall be deemed a termination of Medical Staff membership. An associate Medical Staff member whose membership is so terminated shall have hearing rights accorded by the Medical Staff bylaws if the termination is an Adverse Action as defined in the Medical Staff bylaws.

Associate Medical Staff members shall be assigned to a department where their performance shall be evaluated by the chairperson of the department or the chairperson's representative in order to determine the eligibility of such associate staff members for continued Medical Staff membership and for exercising the clinical privileges provisionally granted to them.

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## Staff Category - Active Staff

Requested      Granted

\_\_\_\_\_ ( ) ACTIVE MEDICAL STAFF:

The active Medical Staff shall consist of physicians, dentists and podiatrists who regularly admit patients and/or provide services in the hospital, who are able to comply with response times set by their departments and otherwise provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active Medical Staff including emergency department coverage and consultation assignment as determined by the medical staff emergency department plan which is approved by the Medical Executive Committee. Members of the active Medical Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Medical Staff committees.

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## Staff Category - Affiliate Staff

Requested      Granted

\_\_\_\_\_      \_\_\_\_\_      (      ) AFFILIATE MEDICAL STAFF:

The affiliate Medical Staff shall consist of physicians, podiatrists and dentists who wish to be associated with Mercy Medical Center and its Medical Staff but have little or no active practice in the hospital. Members of the affiliate Medical Staff shall be appointed to a specific department of the Medical Staff, shall be eligible to vote, and shall be eligible to serve on Medical Staff committees. They shall be ineligible to hold office in this Medical Staff organization.

Affiliate Medical Staff members shall not have clinical privileges or provide orders on inpatients. Affiliate Medical Staff members wishing to refer a patient for inpatient care shall be responsible for arranging, at the time of admission, for the overall medical responsibility for the patient's care in the hospital to be assumed by a Medical Staff member of the appropriate specialty who holds full admitting privileges.

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## Staff Category - Courtesy Staff

Requested      Granted

\_\_\_\_\_      \_\_\_\_\_      (      ) COURTESY MEDICAL STAFF:

The courtesy Medical Staff shall consist of physicians, dentists and podiatrists qualified for Medical Staff membership but who only occasionally attend patients in the hospital. Courtesy Medical Staff membership is limited to those individuals who bring a unique skill to the community, or serve only occasionally as consultants in the hospital. Telemedicine members will be members of the courtesy Medical Staff. Courtesy Medical Staff members shall be appointed to a specific department. They shall be ineligible to vote or hold office in this Medical Staff organization and shall not be required to provide emergency department coverage.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

\*\* The affiliate physician does not have privileges for inpatient care. If Affiliate checked, do not complete the rest of this form. \*\*

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## Department of Obstetrics and Gynecology

### INITIAL APPLICATION

To be eligible to apply for core privileges in obstetrics and gynecology the initial applicant must meet the following criteria:

1. Basic Education: MD or DO with verification
2. Current Medical License in the State of Iowa: Permanent, unconditional, unrestricted, unexpired. This includes the maintenance of continuing education as per Iowa Board of Medical Examiners. The majority of CMEs should be specific to the field of OB-Gyn.
3. Minimal Formal Training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved residency in Obstetrics and Gynecology.
4. 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 the American Osteopathic Board of Obstetrics and Gynecology. Maintenance of board certification is mandatory.
5. Required Previous Experience and Current Competence: Applicants for initial appointment must be able to provide references from residency director and/or chair of Obstetrics/Gynecology Department from hospital where applicant was affiliated in the last two years and demonstrate, with satisfactory outcomes, a minimum of:

Obstetrics:

- 100 deliveries in the past 24 months.
- 10 of those must be Cesarean sections.
- An applicant for OB Department requesting obstetrics must meet or exceed Specialty Obstetrics Privileges.

Gynecology:

- 50 gynecological surgical procedures in the past 24 months.
- 10 of those should be at least Specialty Gynecologic Privileges cases.

### REAPPOINTMENT APPLICATION

To be eligible to renew core privileges in obstetrics and gynecology the applicant must meet the following privilege criteria:

1. Current Medical License.
2. Maintenance of Board Certification in OB-Gyn.
3. Evidence of current competency to perform privileges requested is required of all applicants for renewal of privileges.
4. Participation in OPPE (ongoing practice performance evaluation) as defined by Medical Staff bylaws.

Date: 1985

Reviewed/Revised: Dec 1988, Mar 1995, Jun 1998, Oct 2005, Sep 2006, Jun 2011, Dec 2013

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## Obstetrics - Core Area of Practice

Requested      Granted

- \_\_\_\_\_      \_\_\_\_\_      (      ) Privileges to admit, evaluate, diagnose, treat and provide consultation to all female patients presenting in any condition or stage of pregnancy. This includes providing 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 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 the specialty include the following procedures and such other procedures that are extensions of the same techniques and skills. Privileges include:
- A. Management of uncomplicated labor
  - B. Management of antepartum and postpartum care
  - C. Pudendal and local block anesthesia
  - D. Fetal assessment
    - 1. Antepartum and intrapartum
    - 2. Oxytocin challenge test
    - 3. Limited obstetric ultrasound examination (category 1: fetal presentation, placenta location and cardiac activity)
  - E. Augmentation of labor
  - F. Induction of labor
    - 1. cervidil
    - 2. amnionotomy
    - 3. pitocin
    - 4. cytotec (reserved for intrauterine fetal demise)
    - 5. transcervical foley balloon
    - 6. mechanical (Laminaria)
  - G. Fetal monitoring, external, internal
  - H. Normal cephalic delivery
  - I. Episiotomy and repair
  - J. Exploration of vagina, cervix, and uterus
    - 1. Manual removal of placenta postpartum
  - K. First assist at cesarean delivery
  - L. Emergency vaginal breech delivery
  - M. Assisted vaginal deliveries (Vacuum; Forceps, outlet or low)
  - N. Management of complicated and/or abnormal labor and delivery including:
    - 1. Premature labor
    - 2. Breech presentation
    - 3. Cesarean delivery
    - 4. Vaginal delivery after previous cesarean section
    - 5. Cephalopelvic disproportion
    - 6. Nonreassuring fetal status
    - 7. Induction of complicated labors
    - 8. Multiple gestation
    - 9. Use of midforceps delivery with or without rotation
  - O. Management of medical/surgical complications of pregnancy
  - P. Amniocentesis, diagnostic, therapeutic
  - Q. Cesarean hysterectomy
  - R. Hypogastric artery ligation
  - S. Repair of incompetent cervix; cerclage
  - T. External version of breech presentation
  - U. Obstetric ultrasonography, limited
  - V. Scar revision

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## Gynecology - Core Area of Practice

Requested      Granted

- \_\_\_\_\_      \_\_\_\_\_      (      ) Privileges to admit, evaluate, diagnose, treat, consult, and provide pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system. Also, to nonsurgically 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 emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the following procedures and other procedures that are extensions of the same techniques and skills. Privileges include:
- A. Appropriate screening examination of the female, including breast examination
  - B. Obtaining vaginal and cervical cytology
  - C. Colposcopy
  - D. Cervical biopsy, cervical polypectomy
  - E. Endometrial biopsy
  - F. Cryosurgery/cautery for benign disease
  - G. Microscopic diagnosis of urine and vaginal smears
  - H. Bartholin duct cyst drainage, with or without placement of Word catheter, with or without marsupialization
  - I. Dilation and curettage/suction curettage for incomplete abortion
  - J. LEEP/LLETZ of cervix
  - K. Dilation and evacuation, with or without biopsy of cervix
  - L. Culdocentesis
  - M. Cervical conization
  - N. Laparotomy

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## Specialty Gynecologic Privileges

Must have Core Gynecology privileges.

Requested	Granted	
_____	_____	( ) Operations for the removal of uterus, cervix, oviducts, ovaries, vagina, and appendix via either laparotomy or vaginal approach
_____	_____	( ) Repair of cystocele, rectocele, enterocele, perineum for vaginal prolapse/pelvic floor defects, vaginal approach
_____	_____	( ) Colpopexy, extraperitoneal approach (sacrospinous) for vaginal prolapse/pelvic floor defects
_____	_____	( ) Colpopexy, intraperitoneal approach (uterosacral) for vaginal prolapse/pelvic floor defects
_____	_____	( ) Paravaginal repair for vaginal prolapse/pelvic floor defects, vaginal approach
_____	_____	( ) Use of biologic grafts to augment repairs for vaginal prolapse/pelvic floor defects, vaginal approach
_____	_____	( ) Use of mesh and mesh kits to augment repairs for vaginal prolapse/pelvic floor defects, vaginal approach *
_____	_____	( ) Suture, secondary of abdominal wall for evisceration or dehiscence
_____	_____	( ) Cystocele repair, vaginal approach, for treatment of urinary stress incontinence
_____	_____	( ) Retropubic urethral suspension, vaginal approach, for treatment of urinary stress incontinence
_____	_____	( ) Laparotomy with retropubic urethral suspension for treatment of urinary stress incontinence
_____	_____	( ) Sling procedures with kits *
_____	_____	( ) Fistula repairs (vesicovaginal or rectovaginal)
_____	_____	( ) Tuboplasty (micro, macro, fimbrioplasty)
_____	_____	( ) Hernia repair (incisional or umbilical)
_____	_____	( ) Operations for treatment of noninvasive carcinoma of vulva, vagina, uterus, ovary, fallopian tube and cervix
_____	_____	( ) Vaginectomy (partial, total)
_____	_____	( ) Colpocleisis
_____	_____	( ) Hysteroplasty, repair of uterine anomaly
_____	_____	( ) Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
_____	_____	( ) Myomectomy
_____	_____	( ) Node dissection (superficial inguinal, pelvic or paraaortic)
_____	_____	( ) Cystoscopy as part of gynecologic procedure
_____	_____	( ) Excision procedures of vulva, perineum and introitus, non-radical
_____	_____	( ) Excision procedures of cervix, non-radical, vaginal or abdominal approach

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## Basic Endoscopic

Must have Core Gynecology and Specialty Gynecologic privileges. Applicant must have performed two (2) or more types of procedures in the practice level being requested.

Requested	Granted	
_____	_____	( ) Ovarian biopsy
_____	_____	( ) Needle aspiration of simple cysts
_____	_____	( ) Adhesiolysis
_____	_____	( ) Management of ectopic pregnancy (linear salpingostomy, partial/total salpingectomy)
_____	_____	( ) Destruction of endometriosis-Stage I and Stage II as graded by the American Society of Reproductive Medicine criteria
_____	_____	( ) Ovarian or peritoneal biopsy
_____	_____	( ) Ovarian drilling
_____	_____	( ) Salpingectomy
_____	_____	( ) Foreign body removal
_____	_____	( ) Hysteroscopy, diagnostic with or without direct biopsies
_____	_____	( ) Hysteroscopy, endometrial polypectomy
_____	_____	( ) Hysteroscopy, IUD/foreign body removal
_____	_____	( ) Hysteroscopy, endometrial ablation, laser
_____	_____	( ) Hysteroscopy, endometrial ablation, electrosurgical
_____	_____	( ) Hysteroscopy, endometrial ablation, thermal balloon ablation
_____	_____	( ) Hysteroscopy, submucosal myomectomy (pedunculated)
_____	_____	( ) Hysteroscopy, tubal cannulation
_____	_____	( ) Diagnostic hysteroscopy
_____	_____	( ) Diagnostic laparoscopy

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## Advanced Endoscopic

Must have Core Gynecology, Specialty Gynecologic, and Basic Operative Laparoscopy privileges.

Requested	Granted	
_____	_____	( ) Moderate endometriosis-American Fertility Society Stage II and Stage III, excision or destruction
_____	_____	( ) Removal of ovary with or without salpingectomy
_____	_____	( ) Ovarian cystectomy, complex (dermoid, endometriomas, hemorrhagic, etc.)
_____	_____	( ) Myomectomy, serosal and subserosal (not intramural), requiring one layer suturing
_____	_____	( ) Laparoscopic assisted vaginal hysterectomy
_____	_____	( ) Laparoscopic supracervical hysterectomy
_____	_____	( ) Total laparoscopic hysterectomy
_____	_____	( ) Burch retropubic urethral suspension
_____	_____	( ) Paravaginal repair
_____	_____	( ) Placement of suprapubic catheter
_____	_____	( ) Division of uterosacral ligaments
_____	_____	( ) Laparoscopic excision of cervical stump
_____	_____	( ) Hysteroscopy, corporeal septolysis
_____	_____	( ) Hysteroscopy, adhesiolysis
_____	_____	( ) Hysteroscopy, resectoscopic endometrial ablation and/or resection
_____	_____	( ) Hysteroscopy, submucosal myomectomy (at least 1.5 cm with intramural component) - completely removed
_____	_____	( ) Hysteroscopy, septolysis of complete uterine septum with septate cervix
_____	_____	( ) Hysteroscopy, endometrial ablation, roller ball, bar
_____	_____	( ) Myomectomy - removal of at least one large fibroid of >5 cm by imaging or weight >75 g, deep intramural, requiring suturing of myometrial defect with two or more layer closure
_____	_____	( ) Cornual resection of uterus requiring suturing
_____	_____	( ) Ureterolysis/Uretral dissection
_____	_____	( ) Presacral neurectomy
_____	_____	( ) Dissection of obliterated pouch of Douglas
_____	_____	( ) Tubal reanastomosis or salpingostomy with delicate (<5-0) suturing
_____	_____	( ) Extensive tubo-ovariolysis and fimbriolysis
_____	_____	( ) Laparoscopic bladder suspension, all methods
_____	_____	( ) Complex repair of pelvic floor defect
_____	_____	( ) Lymphadenectomy, pelvic, paraaortic, obturator, periaortic
_____	_____	( ) Repair of hernia with mesh
_____	_____	( ) Complex debulking >20 lesions

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## Laser Privileges

Requested      Granted

\_\_\_\_\_ (    ) External use of CO2 laser \*

\_\_\_\_\_ (    ) Use of laparoscopic laser in gynecology \*

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## Other

Requested      Granted

\_\_\_\_\_ (    ) Biopsy or excision of skin or subcutaneous tissue

\_\_\_\_\_ (    ) Abdominal mass excision with or without scar revision

\_\_\_\_\_ (    ) SPC placement

\_\_\_\_\_ (    ) Stent placement

\_\_\_\_\_ (    ) Sling placement

\_\_\_\_\_ (    ) Newborn circumcision with penile block anesthesia

\_\_\_\_\_ (    ) Use of robotic assisted system for gynecologic procedures \*

\_\_\_\_\_ (    ) Bladder pacemaker\*

\_\_\_\_\_ (    ) Moderate (conscious) sedation \*

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## Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* specific privilege criteria or requires evidence of education and experience