

Privileges for Zuckerberg San Francisco General Hospital

Requested _____ Approved _____

OBGYN OBSTETRICS and GYNECOLOGY 2017

FOR ALL PRIVILEGES: All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

24.00 CORE PRIVILEGES

24.01 OUTPATIENT CLINIC: OBSTETRICS

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: review of 5 medical records. Review of 3 medical records for UCSF-trained Fellows/Residents.

REAPPOINTMENT: 50 clinic visits in the previous 2 years

- _____ A. Prenatal care visits, both low and high risk patients
- _____ B. Interpretation of fetal monitoring
- _____ C. Treatment of medical complications of pregnancy including, but not limited to:
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

24.02 BASIC OB/GYN ULTRASOUND

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: Interpretation of 5 ultrasound exams. Interpretation of 3 ultrasound exams for UCSF-trained Fellows/Residents.

REAPPOINTMENT: Interpretation of 10 ultrasound exams in the previous two years

- _____ A. Localization of intrauterine pregnancy (ie. diagnose IUP)
- _____ B. Evaluation of fetal viability and heart rate
- _____ C. Estimation of gestational age, fetal weight
- _____ D. Fetal presentation
- _____ E. Evaluation of vaginal bleeding, placental location
- _____ F. Measurement of cervical length
- _____ G. Amniotic fluid estimation (AFI)

24.03 INPATIENT OBSTETRICAL CARE

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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. Note: Procedures marked with an asterisk may only be performed by obstetrician gynecologists, unless the physician has received additional obstetrical training and experience and has been approved by the Chief of OB/GYN & RS to perform these procedures.

PROCTORING: Observed care of 3 patients, each of whom has received at least one of the

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procedures below. For UCSF-trained residents and fellows: observed care of 2 patients, each of whom has received at least one procedure below.

REAPPOINTMENT: 15 procedures in the previous two years

_____	A.	Routine inpatient antepartum, intrapartum, and postpartum care
_____	B.	Management of spontaneous and induced labor
_____	C.	Pudendal block* and local anesthesia
_____	D.	Fetal assessment, antepartum and intrapartum
_____	E.	Internal fetal monitoring
_____	F.	Normal cephalic vaginal delivery
_____	G.	Episiotomy and repair, including 1st and 2nd degree lacerations
_____	H.	Exploration and repair of the vagina and cervix
_____	I.	Deliver placenta
_____	J.	Evaluate, diagnose, treat, and provide consultation for medical conditions complicating pregnancy (beyond that contained in routine inpatient antepartum, intrapartum, and postpartum care)*
_____	K.	Fetal scalp sampling*
_____	L.	Tubal ligation, post-partum*
_____	M.	Non-genetic amniocentesis*
_____	N.	Forceps delivery*
_____	O.	Delivery by vacuum extraction*
_____	P.	Manual or instrumental extraction of the placenta and fragments*
_____	Q.	Cesarean section (primary surgeon)*
_____	R.	Treatment of cervical insufficiency (cervical cerclage)*
_____	S.	External version of breech presentation*
_____	T.	Vaginal breech delivery*
_____	U.	Vaginal multiple fetus delivery*
_____	V.	Repair of rectal injury (3rd and 4th degree laceration)*
_____	W.	Cesarean hysterectomy*
_____	X.	Vaginal birth after caesarean section*
_____	Y.	Pregnancy termination via labor induction*

24.04 OUTPATIENT CLINIC: GYNECOLOGY

Evaluate, diagnose, treat, and provide consultation, pre- and post-operative 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 nonsurgical disorders and injuries of the mammary glands. When inpatient gynecologic care privileges have been approved, procedures in this privilege group also can be performed in the hospital operating room.

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: Review of 5 medical records. Review of 3 medical records for UCSF-trained Fellows/Residents.

REAPPOINTMENT: 50 clinic visits in the previous 2 years

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|-------|-------|----|--|
| _____ | _____ | A. | Preventive health visits: well women, family planning visits |
| _____ | _____ | B. | Problem-oriented gynecologic visits |
| _____ | _____ | C. | Microscopic diagnosis of urine and vaginal smears |
| _____ | _____ | D. | Colposcopy |
| _____ | _____ | E. | Vulvar, vaginal and cervical biopsy |
| _____ | _____ | F. | Endometrial biopsy |
| _____ | _____ | G. | Cervical or endometrial polypectomy |
| _____ | _____ | H. | Insertion and removal of intrauterine contraceptive (IUC) |
| _____ | _____ | I. | Insertion and removal of contraceptive implant |
| _____ | _____ | J. | Pessary fitting |
| _____ | _____ | K. | Trigger point injection |
| _____ | _____ | L. | Cryosurgery (cervix, vulva, vagina) |
| _____ | _____ | M. | Loop electrosurgical excision procedure (LEEP), cervix |
| _____ | _____ | N. | Bartholin duct procedures (incision and drainage, marsupialization) |
| _____ | _____ | O. | Dilation and curettage, suction curettage and manual uterine aspiration, including abortions up to 18 weeks' gestation |
| _____ | _____ | P. | Simple cystometry |
| _____ | _____ | Q. | Paracervical and intracervical block |
| _____ | _____ | R. | Insertion of cervical dilator |
| _____ | _____ | S. | Anoscopy |

24.05 INPATIENT GYNECOLOGY AND GYNECOLOGIC SURGERY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: 5 observed operative procedures, including at least one laparotomy and one laparoscopy.

REAPPOINTMENT: 15 operative procedures in the previous two years

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|-------|-------|----|---|
| _____ | _____ | A. | Admission of patients with gynecologic issues |
| _____ | _____ | B. | Care of admitted post-op and non-operative gyn patients |
| _____ | _____ | C. | Repair of vaginal, vulvar or cervical lacerations |
| _____ | _____ | D. | Drainage or removal of pelvic abscess (vaginal, laparoscopic or open) |
| _____ | _____ | E. | Placement of intra-uterine balloon catheter to manage bleeding |
| _____ | _____ | F. | Excision, I&D or surgical management of vulvar or vaginal lesions and abscesses |
| _____ | _____ | G. | Dilatation and curettage, suction curettage, manual uterine aspiration; diagnostic or therapeutic, including abortions up to 18 weeks' gestation |
| _____ | _____ | H. | Cervical cone biopsy, LEEP procedure |
| _____ | _____ | I. | Hysterectomy, abdominal |
| _____ | _____ | J. | Hysterectomy, vaginal |
| _____ | _____ | K. | Hysterectomy, laparoscopic-assisted or total laparoscopic |
| _____ | _____ | L. | Exploratory laparotomy |
| _____ | _____ | M. | Adnexal procedures (open or laparoscopic) including: salpingectomy, salpingostomy, oophorectomy, ovarian cystectomy, ovarian drilling, ovarian biopsy, ovarian detorsion, oophoropexy |
| _____ | _____ | N. | Myomectomy, abdominal or vaginal |
| _____ | _____ | O. | Incidental appendectomy |
| _____ | _____ | P. | Fistula repairs (vesicovaginal or rectovaginal) |
| _____ | _____ | Q. | Repair simple rent/ tear of bowel or bladder |
| _____ | _____ | R. | First assist in obstetric procedures that require expertise in gynecology surgery, when requested by the attending obstetrician. See gynecologic surgical privileges (24.05) and gynecologic oncology privileges (24.41) for scope. Would be operating under their existing privileges for gynecologic surgery in cases that involved an obstetrics procedure; their involvement would be for their expertise in gynecologic surgery. |

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_____	_____	R.	Perineoplasty, labiaplasty
_____	_____	S.	Repair of cystocele, rectocele, enterocele
_____	_____	T.	Tuboplasty
_____	_____	U.	Hernia repair (incisional or umbilical)
_____	_____	V.	Paracentesis
_____	_____	W.	Wound management: I&D, skin debridement wound dehiscence, wound closure
_____	_____	X.	Cystoscopy
_____	_____	Y.	Hysteroscopy: diagnostic or operative including polypectomy, myomectomy, adhesiolysis, septum removal, endometrial ablation
_____	_____	Z.	Laparoscopy, diagnostic or operative including adnexal procedures, management of ectopic, chromopertubation, adhesiolysis, biopsy, fulgaration or excision of endometriosis, myomectomy
_____	_____	AA.	Tubal sterilization with cautery, rings, or clips
_____	_____	BB.	Non-hysteroscopic endometrial ablation techniques: HTA, thermal balloon, Nova-Sure
_____	_____	24.06	EMERGENCY GYNECOLOGY AND GYNECOLOGIC SURGERY

Evaluate, diagnose, treat, and provide consultation, inpatient care and pre-and post-operative care necessary to correct or treat female patients of all ages presenting urgently or already hospitalized with injuries and disorders of the female reproductive system and the genitourinary system such as ectopic pregnancy, adnexal torsion, ruptured ovarian cyst, miscarriage, reproductive infections, uterine bleeding and trauma.

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: 3 observed operative procedures including at least one laparoscopy.

REAPPOINTMENT: 15 procedures in the previous two years including at least 4 laparoscopies or laparotomies

_____	_____	A.	Admission of patients with gynecologic issues
_____	_____	B.	Care of admitted post-op and non-operative gyn patients
_____	_____	C.	Surgical and non-surgical treatment of ectopic pregnancy and suspected ectopic pregnancy
_____	_____	D.	Surgical and non-surgical treatment of miscarriage
_____	_____	E.	Placement of intra-uterine balloon catheter to manage bleeding
_____	_____	F.	Exam under anesthesia
_____	_____	G.	Excision, I&D or surgical management of vulvar and vaginal lesions and abscesses
_____	_____	H.	Dilatation and curettage, suction curettage, manual uterine aspiration; diagnostic or therapeutic
_____	_____	I.	Exploratory laparotomy
_____	_____	J.	Diagnostic laparoscopy, lysis of adhesions
_____	_____	K.	Adnexal procedures (open or laparoscopic) such as: salpingectomy, salpingostomy, oophorectomy, detorsion, ovarian cystectomy, ovarian biopsy, salpingo-oophorectomy
_____	_____	L.	Drainage or removal of pelvic abscess (vaginal, laparoscopic or open)
_____	_____	M.	Repair of vaginal, vulvar or cervical lacerations and trauma
_____	_____	N.	Myomectomy, abdominal or vaginal
_____	_____	O.	Repair simple rent/tear of bowel or bladder
_____	_____	P.	Paracentesis
_____	_____	Q.	Wound management: skin debridement, wound dehiscence, wound closure
_____	_____	R.	Cytoscopy
_____	_____	S.	Emergent hysteroscopy
_____	_____	T.	First assist in obstetric procedures that require expertise in gynecology surgery, when requested by the attending obstetrician. See gynecologic surgical privileges (24.05) and gynecologic oncology privileges (24.41) for scope. Would be operating under their existing privileges for gynecologic surgery in cases that involved an obstetrics procedure; their involvement would be for their expertise in gynecologic surgery.

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24.10 WAIVED TESTING PRIVILEGES

Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges providers satisfy competency expectations for waived testing by The Joint Commission.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re- Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/Gynecology or General Surgery.

PROCTORING:By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.

REAPPOINTMENT: Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.

- A. Fecal Occult Blood Testing (Hemoccult®)
- B. Vaginal pH Testing (pH Paper)
- C. Urine Chemstrip® Testing
- D. Urine Pregnancy Test (SP® Brand Rapid Test)

24.20 SPECIAL PRIVILEGES

24.21 **ABORTIONS GREATER THAN 18 WEEKS' GESTATION** (also request 24.25 to practice in Women's Options Center)

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: 3 observed operative procedures. 2 observed operative procedures for UCSF-trained Fellows/Residents.

REAPPOINTMENT: 10 procedures in the previous two years

- _____ A. [Abortions by dilation and evacuation at greater than 18 weeks' gestation](#)
- _____ B. Intra-fetal or intra-amniotic injection

24.22 LASER THERAPY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

Appropriate training, complete the laser safety module prepared by the SFGH Laser
Committee at <http://insidechnsf.chnsf.org/det/HealthStream.htm> and baseline eye
examination within the previous 1 year.

Safety

PROCTORING: 2 observed procedures by a member of the medical staff with laser surgery privileges at SFGH. 2 observed procedures for UCSF-trained Fellows/Residents.

REAPPOINTMENT: 2 cases in the previous two years reviewed by a member of the

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medical staff with laser surgery privileges at SFGH.

- _____ A. Laser therapy of the cervix
- _____ B. Laser therapy of the vagina, vulva, and perineum
- _____ C. Laser conization of the cervix

24.23 HYSTEROSCOPIC STERILIZATION

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

TRAINING AND PROCTORING:

1. Providers must be trained in hysteroscopy and have current gynecologic endoscopy privileges in the SFGH Department of Obstetrics and Gynecology
2. As required by the FDA, the physician must attend a training course sponsored by the manufacturer of the Essure System (Conceptus)
3. After training, the provider must be proctored for two Essure procedures. Proctoring may be performed at SFGH by a provider privileged for this procedure at SFGH or may be proctored at an outside institution by a qualified provider
4. Once proctoring has been completed, certification in the Essure procedure will be issued by Conceptus. This certification is a required prerequisite for approval of this privilege at SFGH.
5. Providers who have been certified by Conceptus at another institution may apply for this privilege at SFGH after being proctored for one procedure by an SFGH physician who currently holds the privilege.

REAPPOINTMENT: 2 operative procedures in the previous two years

- _____ A. ESSURE tubal occlusion procedure

24.24 UROGYNECOLOGY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

PROCTORING: 3 observed procedures. 2 observed procedures for UCSF-trained Fellows/Residents.

REAPPOINTMENT: 15 operative procedures in the previous two years

- _____ A. Urodynamics
- _____ B. Intravesical and intraurethral injections
- _____ C. Abdominal bladder neck suspension procedures
- _____ D. Vaginal bladder neck suspension procedures
- _____ E. Vaginal vault suspension procedures
- _____ F. Urethral procedures: dilation of urethral stricture
- _____ G. Colpocleisis

24.25 PROCEDURAL SEDATION

Procedural sedation privilege is required for those who will work in Women's Options Center.

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PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics and Gynecology or the American Board of Family Medicine and has completed at least one of the following:

- 1) Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- 2) Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- 3) Current Basic Life Support (BLS) certification by the American Heart Association

PROCTORING: Review of 5 cases. Review of 5 cases for UCSF- Fellows/Residents.

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- 1) Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- 2) Management of 10 airways via BVM or ETT per year for the preceding 2 years or,
- 3) Current Basic Life Support (BLS) certification by the American Heart Association

_____ _____
24.41 GYNECOLOGIC ONCOLOGY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

Current certification or active participation in the examination process leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology

PROCTORING: 3 observed procedures. 2 observed procedures for UCSF-trained Fellows/Residents.

REAPPOINTMENT: 15 operative procedures in the previous two years, at least 5 of which are performed at SFGH

- _____ _____
cancer
- _____ A. Evaluate, diagnose, treat, and provide consultation and treatment to female patients with gynecologic and complications resulting there from, including carcinomas of the cervix, ovary, fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated.
 - _____ B. Radical hysterectomy for treatment of invasive carcinoma of the cervix
 - _____ C. Radical surgery for treatment of gynecologic malignancy to include procedures on bowel, ureter, or bladder, as indicated
 - _____ D. Treatment of invasive carcinoma of vulva by radical vulvectomy
 - _____ E. Treatment of invasive carcinoma of the vagina by radical vaginectomy

_____ _____
24.42 MATERNAL-FETAL MEDICINE

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in 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.

Successful completion of postgraduate training program in Maternal and Fetal Medicine and current certification or active participation in the examination process leading to subspecialty

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certification in maternal and fetal medicine by the American Board of Obstetrics and Gynecology.

PROCTORING: Observed care of 3 patients

REAPPOINTMENT: Care of 20 patients in the previous 2 years

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|-------|-------|----|--|
| _____ | _____ | A. | Evaluate, diagnose, treat, and provide consultation regarding patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease |
| _____ | _____ | B. | Management of labor, operative deliveries and postpartum care for high-risk obstetric patients, including use of pudendal block and local anesthesia, if indicated. |
| _____ | _____ | C. | Genetic amniocentesis and chorionic villus sampling. |
| _____ | _____ | D. | Level 2 obstetrical ultrasound, including Doppler |
| _____ | _____ | E. | Invasive fetal procedures, including cordocentesis, intrauterine fetal transfusion, cardiocentesis, and fetal injections |
| _____ | _____ | F. | Treatment of cervical insufficiency (cervical cerclage) |

24.43 ADDICTION MEDICINE

Provide addiction medicine consultative services and treatment to patients in the inpatient and ambulatory settings.

PREREQUISITES: Currently board admissible, certified, or re-certified by the American Board of Addiction Medicine OR by the American Board of Preventative Medicine Addiction Medicine Subspecialty and board admissible, certified or re-certified by the American Board of Obstetrics and Gynecology. Approval of the Director of the Addiction Medicine Service required for all applicants.

PROCTORING: Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.

REAPPOINTMENT: Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

24.50 DUAL DEPARTMENT APPOINTMENT

ONLY FOR THOSE WHO DO NOT HAVE A PRIMARY APPOINTMENT IN OB/GYN

Physicians trained in specialties other than obstetrics and gynecology may apply for dual appointment in the Department of Obstetrics and Gynecology for specified privileges, assuming that training and experience in a residency, fellowship, or clinical practice can be

24.51 WOMEN'S OPTION CENTER PROCEDURES (Dual Department Appointment only)

PREREQUISITES:

1. Successful completion of an ACGME accredited postgraduate training program in family medicine, internal medicine, or pediatrics
2. Current medical staff appointment to a SFGH clinical department (other than the Department of Obstetrics and Gynecology)
3. Completion of a fellowship program in family planning or documentation of training and experience in performing the requested procedures in residency, fellowship, or clinical practice. If a family planning fellowship has not been completed, clinical experience in the past 5 years of practice must

include, at a minimum,

- Insertion of contraceptive implants (5 procedures)
- Insertion of intrauterine contraceptives (5 procedures)
- Abortions up to 18 weeks' gestation (50 procedures)
- Abortions greater than 18 weeks' gestation (50 procedures)
- Basic obstetrical ultrasound as an adjunct to abortion (15 procedures)

PROCTORING:

- Insertion of contraceptive implants (2 procedures)

- Insertion of intrauterine contraceptives (2 procedures)
- Abortions up to 18 weeks' gestation (5 procedures)
- Abortions greater than 18 weeks' gestation (5 procedures)
- Basic obstetrical ultrasound as an adjunct to abortion (5 procedures)

REAPPOINTMENT (procedures in the past 2 years):

- Insertion of contraceptive implants (2 procedures)
- Insertion of intrauterine contraceptives (2 procedures)
- Abortions up to 18 weeks' gestation (10 procedures)
- Abortions greater than 18 weeks' gestation (10 procedures)
- Basic obstetrical ultrasound as an adjunct to abortion (10 procedures)

- _____ 24.511 Insertion of contraceptive implants
- _____ 24.512 Insertion of intrauterine contraceptives
- _____ 24.513 First trimester abortion (through 14 weeks)
- _____ 24.514 Second trimester abortion (through 15 weeks and later)
- _____ 24.515 Basic obstetrical ultrasound as an adjunct to abortion

24.61 LICENSED CLINICAL PSYCHOLOGIST

Provide individual counseling and psychotherapy at the New Generations Health Center

