

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of OB/GYN/Neonatal
OB/GYN

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Complete an ACGME or AOA accredited residency in Obstetrics/Gynecology. 2. Board certification or in the process of certification by the American Board of OB/GYN; or, have equivalent qualifications. 3. Demonstrated competence in Category I privileges.
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 1. Board certification or in the process of certification by the American Board of OB/GYN; or, have equivalent qualifications. 2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of residency training and experience in the advanced procedure <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.

Name: _____

Pacific Hospital of Long Beach <i>OB/GYN privilege form</i>			
Requested		Granted	Special Conditions
	<i>General</i>		
	Admitting		
	Consulting		
	History and Physical		
	Category I – GYN		
	D&C and associated diagnostic and therapeutic procedures		
	Evaluation of the incontinent female – urodynamic with Endoscopy of the bladder relative to the evaluation		
	Hysteroscopy (diagnostic)		
	Laparoscopy (diagnostic)		
	Ultrasound (diagnostic)		
	Incidental Appendectomy		
	Bilateral Tubal Ligation		
	Colpotomy		
	Conization of cervix		
	Construction of artificial vagina		
	Excision of breast cyst or other benign breast tumor		
	Hemorrhoidectomy		
	Hysterectomy-abdominal-total and sub-total		
	Hysterectomy-vaginal		
	Oophorectomy		
	Operative hysteroscopy		
	Operative laparoscopy (pelviscopy)		
	Ovarian cystectomy		
	Presacral neurectomy		
	Repair of hernia inguinal, femoral, ventral or umbilical		
	Repair of recto-vaginal fistula		
	Urethropexy		
	Uterine suspension		
	Vulvectomy-simple		
	Category II-GYN		
	*Aspiration of ovarian follicles for IVG-ET (Ultrasound guided or laparoscopy)		
	*Endoscopy of the bladder for staging of gynecologic cancer		
	*Hysterectomy-radical with lymph node		

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Pacific Hospital of Long Beach <i>OB/GYN privilege form</i>			
Requested		Granted	Special Conditions
	dissection		
	*Hysteroscopic laser		
	*Laparoscopic laser		
	*Laser surgery of the vulva, vagina or cervix		
	*Oncology including chemotherapy and oncology surgery		
	*Pelvic extension-include urethral transplantation and/or abdominoperineal resection of rectum and colon with colostomy		
	*Pelvic microsurgery		
	*Vulvectomy- radical		
Category I – OB			
	Normal labor and uncomplicated delivery with or without episiotomy		
	Normal antepartum and postpartum care		
	Management of minor complications of pregnancy such as: mild pre-eclampsia or threatened abortion		
	Amniocentesis for lung profile (maturity)		
	Amnio-Infusion		
	Breech delivery		
	Cerclage of cervix		
	Cesarean hysterectomy		
	Cesarean section		
	Delivery of multiple pregnancy		
	Evaluate/manage ruptured membranes of patient in labor and apply internal scalp electrodes and intrauterine pressure catheters		
	Follow high risk patients in labor		
	Induction of labor at term		
	Level one obstetrical ultrasound		
	Manage postpartum hemorrhage		
	Management of major medical or surgical complications of pregnancy including: severe pre-eclampsia, severe hemorrhage, sepsis		
	Management of prolonged labor		
	Manually remove placenta		
	Monitor oxytocin for augmentation or		

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Pacific Hospital of Long Beach <i>OB/GYN privilege form</i>			
<i>Requested</i>		<i>Granted</i>	<i>Special Conditions</i>
	induction of labor		
	Outlet forceps and vacuum deliveries		
	Repair of vagina, cervical and perineal laceration		
	Category II – OB		
	Advanced diagnostic and therapeutic ultrasound		
	Amniocentesis-genetic		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Service Chief/Division Chief of OB/GYN/PEDS

Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____