

**Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility:** UPMC Altoona Surgery Center

**Specialty:** Obstetrics & Gynecology

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program.
<b>TRAINING</b>	<p>Successful completion of an approved residency training program in Obstetrics and Gynecology leading to board certification.</p> <p>The successful applicant must be able to demonstrate current clinical competence for the requested procedures via documentation from residency, fellowship, CME course, and or case logs.</p>
<b>CERTIFICATION</b>	Board Certification/Board Eligibility in accordance with the UPMC Altoona Medical Staff Bylaws, Rules & Regulations.
<b>OTHER</b>	<ul style="list-style-type: none"> <li>• <b>Certification in Neonatal Resuscitation is required.</b></li> <li>• <b>NEW applicants must submit:</b> <ol style="list-style-type: none"> <li>1. Case logs for the past 2 years for special privileges requested.</li> <li>2. For the following special procedures, the above-noted threshold criteria must be met and documentation of training in residency, fellowship, or training course as well as the performance of five (5) cases for each procedure must be submitted to be granted these procedures and to perform these procedures independently:</li> </ol> </li> </ul> <p>Subarachnoid block anesthesia for delivery  Epidural anesthesia for labor and delivery  Level II and Level III obstetric sonography  Intrauterine fetal transfusion  D&amp;E after 1<sup>st</sup> trimester (only in the event of imminent danger to mother's life) or for intrauterine fetal demise  Forceps delivery  Presacral neurectomy  Laparoscopic presacral neurectomy  Radical surgery for gynecologic malignancy  Chemotherapy  Microsurgical tubal reanastomosis and other microsurgical infertility procedures  Total laparoscopic hysterectomy  Metroplasty  Ureteral stent placement  Sonography and CT guided needle aspirations, drainage and biopsy  Surgical treatment of stress incontinence:      Burch procedure      Marshall Marchetti</p>

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	<p>Suprapubic sling procedure  Transoburator sling procedure  Laparoscopic Burch procedure  Tension free vaginal tape  Pelvic lymphadenectomy, pelvic node dissection  Laparoscopic myomectomy  Laparoscopic paravaginal repair  Laparoscopic uterosacral suspension  Laparoscopic sacral colpopexy  Transabdominal suspension of the uterus and vagina/sacral colpopexy via laparotomy  Vaginal sacral spinous fixation  Vaginal wall defect surgery:      Vaginal plication/suspension with      Mesh  Appendectomy</p> <p>• <b><u>MODERATE SEDATION:</u></b></p> <p>A. Only a qualified Physician who meets the following requirements set by the MEC may administer Moderate Sedation in approved locations.</p> <ol style="list-style-type: none"> <li>1. The physician must possess a current ACLS provider card. In areas where moderate sedation is administered to pediatric patients, the physician must possess a current PALS provider card.</li> </ol> <p>The physician must complete the moderate sedation program provided by the Department of Anesthesiology. Verification of the completion of the required training is maintained in the Medical Staff Office. Renewal of moderate sedation credentials is required every 2 years.</p> <p><b><u>Robotic Surgery:</u></b></p> <ol style="list-style-type: none"> <li>I. Surgeon in good standing.</li> <li>II. The surgeon must be credentialed to do the specific surgery using non-robotic techniques</li> <li>III. Initial requirements for Robotic surgery credentialing – Evidence of completion of the following must be provided: <ol style="list-style-type: none"> <li>a. Live procedure observation-the surgeon must observe a procedure done by a da Vinci designated physician or another credentialed physician on ARHS Medical Staff;</li> <li>b. On-Line da Vinci Surgical System Training;</li> <li>c. System/Equipment Training on site;</li> <li>d. Off-site Lab Training (<b>by da Vinci</b>);*</li> </ol> </li> </ol>
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	<ul style="list-style-type: none"> <li>e. Case Observation – the surgeon must have at least three (3) robotic surgery cases observed by da Vinci designated physician or another credentialed physician on ARHS Medical Staff;*</li> <li>f. Medical Director of Robotic Surgery approval.</li> </ul> <p>IV. Surgeons with prior experience and surgeons who recently completed residency/fellowship that included training in robotic surgery:</p> <ul style="list-style-type: none"> <li>a. Letter from Department Chair where applicant most recently practiced; if recent completion of residency/fellowship (within 12 months), letter of reference needed from director of Robotic-assisted surgical training program.</li> <li>b. Procedure logs from previous hospital evidencing at least 5 robotic procedures in past year or demonstrate evidence of recent training to include at least 20 Robotic-assisted surgical procedures in Residency/Fellowship.</li> <li>c. Documentation of three (3) observed cases.</li> <li>d. Medical Director of Robotic Surgery approval.</li> </ul> <p>V. Maintenance of credentialing</p> <ul style="list-style-type: none"> <li>a. Surgeons must do five (5) robotic cases per year.</li> </ul> <p><i>*Approval can be granted contingent upon completion of items.</i></p>
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