DETROIT MEDICAL CENTER

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
DELINEATION OF PRIVILEGES

Applicant Name: _____

PLEASE PRINT

QUALIFICATIONS FOR:

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached Board Certification requirements.

A. Obstetrics and/or 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 the American Osteopathic Board of Obstetrics and Gynecology with certification to be achieved within 5 years of completion of residency training.

B. Maternal and Fetal Medicine

Current certification or active participation in the examination process leading to Certificate of Special Qualifications in maternal & fetal medicine by the American Board of Obstetrics & Gynecology or hold diplomat status in maternal fetal medicine from the American Osteopathic Board of Obstetrics & Gynecology.

C. Gynecologic Oncology

Current certification or active participation in the examination process leading to certificate of Special Qualifications in gynecologic oncology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

D. Reproductive Endocrinology

Current certification or active participation in the examination process leading to certificate of Special Qualifications in reproductive endocrinology by the American Board of Obstetrics and Gynecology or hold diplomat status in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.

E. Observations/Proctoring Requirements

All cases are screened through the quality assessment procedures as described in the policies and procedures of the Department. **See specific requirements for special procedures**.

F. Reappointment Requirements

Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested as determined through ongoing professional practice evaluation, and quality assessment/improvement activities and outcomes.

Those practitioners that do not have sufficient volume to provide for an ongoing professional practice evaluation may not be eligible for reappointment. If they wish to maintain a DMC affiliation, they may request Membership Only with No Clinical Privileges.

DELINEATION OF PRIVILEGES FOR OBSTETRICS AND GYNECOLOGY

Applicant Name: _____

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PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

***Note**: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form.*

Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.

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(R) (A) (C) (N)

☐ ☐ ☐ ☐ **MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges. May require an interview with the Specialist-in-Chief or designee.

DO NOT COMPLETE THE REMAINDER OF THIS FORM.
Go to page 6 and sign form.

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(R) (A) (C) (N)

☐ ☐ ☐ ☐ **CORE PRIVILEGES IN OBSTETRICS (See Criteria, page 7)**

- Routine prenatal assessment and care
- Routine intrapartum care including labor management
- Electronic fetal monitoring
- Amniotomy
- Term vertex vaginal birth
- Episiotomy and repair
- Repair of lst, 2nd, and 3rd degree lacerations
- Pudendal/local anesthesia
- Immediate care of the newborn
- Routine postpartum care
- Newborn circumcision.

==========

(R) (A) (C) (N)

☐ ☐ ☐ ☐ **MODERATE SEDATION PRIVILEGES**

This privilege requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

_____
Initials

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(R) (A) (C) (N)

☐ ☐ ☐ ☐ **EXTENDED OBSTETRIC PRIVILEGES**

Management of medical complications of pregnancy and pregnancy complications such as pregnancy loss, incompetent cervix, premature labor and delivery, premature rupture of membranes, postdates, multiple pregnancy, nonvertex vaginal delivery, including:

- Oxytocin augmentation and induction of labor
- Manual removal of placenta, exploration of uterus, 4th degree laceration repair
- Operative vaginal delivery (forceps/vacuum)
- Antepartum fetal surveillance including interpretation of NSTs, OCTs, and BPPs
- Cesarean delivery
- Postpartum tubal ligation
- Basic OB ultrasound **(See Criteria, page 7)**
- External podalic version
- Diagnostic amniocentesis
- Fetal scalp blood sampling

DELINEATION OF PRIVILEGES FOR OBSTETRICS AND GYNECOLOGY

Applicant Name: _____

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(R) (A) (C) (N)

☐ ☐ ☐ ☐ **CORE PRIVILEGES IN GYNECOLOGY**, includes:

- Management of vulvar diseases such as condyloma acuminata excision, Bartholin gland excision or marsupialization, hymenotomy, abscess I&D, biopsy, simple vulvectomy and vulvoplasty
- Management of vaginal disease such as colporrhaphy, colpotomy, enterocele repair and excision of vaginal septumB
- Management of cervical and uterine disease such as colposcopy and biopsy, conization, excision of cervical stump, suction/sharp dilatation and curettage, myomectomy, vaginal and abdominal hysterectomy, uterine suspension
- Management of tubal disease such as salpingectomy, lysis of adhesions, fimbrioplasty, salpingostomy
- Management of ovarian disease such as abscess drainage, biopsy, cyst excision, partial or complete oophorectomy
- Basic endoscopic surgery such as diagnostic laparoscopy and basic hysteroscopy, laparoscopic sterilization, ovarian drainage, pelvic biopsy, management of ectopic pregnancy
- Management of urogynecologic diseases such as urethropexy, cystoscopy, repair of bladder wall laceration, vaginal vault suspension
- Appendectomy, repair of incidental bowel injury, lymph node biopsy, ventral wall repair
- GYN ultrasound (**See Criteria, page 7**)

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EXTENDED GYNECOLOGY PRIVILEGES

Applicant must demonstrate competence via residency/fellowship training and/or postgraduate education.
(**Review specific criteria for each privilege, pages 8-10)**

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	Advanced operative laparoscopy (TLH, LSH, LAVH)
☐	☐	☐	☐	Advanced operative hysteroscopy
☐	☐	☐	☐	Dilatation and evacuation (Procedure not available at HVSH)
☐	☐	☐	☐	Lower genital tract laser surgery
☐	☐	☐	☐	Upper genital tract laser surgery
☐	☐	☐	☐	Management of urogynecologic conditions requiring vaginal or intra-abdominal placement of mesh (vaginal suspension or urethral sling)
☐	☐	☐	☐	Fistula repair
☐	☐	☐	☐	Operative cystoscopy, ureteral stent placement
☐	☐	☐	☐	Colpocleisis
☐	☐	☐	☐	Tuboplasty
☐	☐	☐	☐	Cosmetic laser-related surgery (hair removal, tattoo removal, treatment of varicosities, skin spot lightening).

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CORE PRIVILEGES IN MATERNAL FETAL MEDICINE

Generally for MFM fellowship trained or individual demonstrating special competence.

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	Consultation for medical complications such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions or disease.
☐	☐	☐	☐	Targeted OB ultrasound (**See Criteria, page 7**)
☐	☐	☐	☐	Fetoscopy/embryoscopy

DELINEATION OF PRIVILEGES FOR OBSTETRICS AND GYNECOLOGY

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CORE PRIVILEGES IN MATERNAL FETAL MEDICINE – Continued

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	In utero shunt placement
☐	☐	☐	☐	In utero fetal transfusion
☐	☐	☐	☐	Percutaneous umbilical blood sampling

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CORE PRIVILEGES IN REPRODUCTIVE GENETICS

Generally for MFM or genetic fellowship trained or individual demonstrating special competence

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	Chorionic villous sampling

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CORE PRIVILEGES IN GYNECOLOGIC ONCOLOGY

Generally reserved for GYN oncology fellowship trained or individual demonstrating special competence

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	Management of GYN cancers requiring radical vulvectomy, modified or radical hysterectomy, pelvic exenteration, pelvic or inguinal lymphadenectomy, interstitial or intracavitary implant therapy, chemotherapy (including intraperitoneal catheter placement), and other abdominal/pelvic surgical procedures incidental to adjacent anatomic structures.
☐	☐	☐	☐	Advanced GYN oncologic endoscopic surgery

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CORE PRIVILEGES IN REPRODUCTIVE ENDOCRINOLOGY

Generally reserved for RE fellowship trained or individual demonstrating special competence

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	In vitro fertilization including follicle monitoring and aspiration, embryo transfer, GIFT, ZIFT
☐	☐	☐	☐	Microsurgical operations of the fallopian tube(s)

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MATERNAL SPECIAL CARE UNIT (Hutzel-Harper Only)

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	Pulmonary artery catheterization
☐	☐	☐	☐	Arterial line placement
☐	☐	☐	☐	Ventilator management

==========

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	**ROBOTIC SURGERY** (**See Criteria, pages 10-21**)

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DELINEATION OF PRIVILEGES FOR OBSTETRICS AND GYNECOLOGY

Applicant Name: _____

PLEASE PRINT

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(R) (A) (C) (N)

☐ ☐ ☐ ☐ **INTERSTIM**

1. Trained in residency/fellowship **within** last 2 years, completed **≥5** cases as operator, and letter of competency from residency/fellowship attached documenting: (a) procedure was part of residency/fellowship curriculum (b) **5** cases completed as primary surgeon:

Does this apply to you?	☐ YES	☐ NO
Surgical log (≥**5** cases attached)	☐ YES	☐ NO

-OR-

2. Interstim training course successfully completed after residency/fellowship (letter of completion attached) AND **5** documented proctored cases completed (outcome data from proctored cases attached). Acceptable to be proctored by equipment representative:

Does this apply to you?	☐ YES	☐ NO
Letter of completion attached	☐ YES	☐ NO
Proof of 5 proctored cases attached	☐ YES	☐ NO

-OR-

3. For those already performing the procedure at the time of application, evidence of not less than **2** cases performed per year for the previous 2 years (attach log).

Does this apply to you?	☐ YES	☐ NO
Surgical log (>2 cases/yr attached)	☐ YES	☐ NO

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

_____ _____

Applicant Date

DELINEATION OF PRIVILEGES FOR OBSTETRICS AND GYNECOLOGY

Applicant Name: _____

PLEASE PRINT

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Department Chief Recommendations

I certify that I have reviewed and evaluated the applicant's request for clinical privileges and/or membership, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

☐ Recommend AS Requested ☐ Do Not Recommend

☐ Recommend with conditions/modifications as listed.

_____ _____

Signature, Department Chief or designee Date

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Specialist-in-Chief Recommendations

I have reviewed and evaluated the applicant's request for clinical privileges and/or membership, credentials and other supporting documentation, and the recommendation made below takes all pertinent factors into consideration:

☐ Recommend AS Requested ☐ Do Not Recommend

☐ Recommend with conditions/modifications as listed.

_____

Signature, Specialist-in-Chief, or designee Date

Joint Conference Committee Approval: _____

Date

JCC Approved 9.22.09; JCC Revised 3.23.10
JCC Revised 8.2.10; JCC Revised 12.18.12
JCC Revised 10.22.13; JCC Revised 11.21.14
JCC Revised 01.29.16

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CREDENTIALING CRITERIA

A. Core Privileges in Obstetrics

1. The applicant must have completed an approved residency training program in Obstetrics and Gynecology.

2. Documentation of completion of Detroit Medical Center-designated fetal monitoring course, or its equivalent, at a minimum of every two years.

B. Obstetrical Ultrasonography:

1. For **basic** obstetrical ultrasonography privileges (e.g., confirmation of pregnancy, fetal position, gestational dating, placental location, biophysical profile testing, amniotic fluid volume assessment) the applicant must have completed an approved residency training program in Obstetrics and Gynecology which offers both didactic and practical hands-on experience in ultrasonography.

2. Alternatively, documentation of attendance and completion of postgraduate course, approved for AMA Category 1 credits or ACOG cognates, in ultrasonography must be supplied which includes both didactic and practical hands-on experiences. These training experiences must be specific to each modality of ultrasound privileges requested (i.e., transabdominal versus transvaginal).

3. For **targeted** obstetrical ultrasonography privileges (e.g., structural evaluation of the fetus, Doppler studies of the fetal vasculature) the applicant must have completed fellowship training in maternal-fetal medicine in a program that offers both didactic and practical hands-on experience at this level of training.

C. Gynecologic Ultrasound Examinations

Gynecologic ultrasound examinations are defined as those ultrasonographic examinations performed to aid in the evaluation and diagnosis of gynecologic conditions. These include, but are not limited to, evaluation of early intrauterine and extrauterine pregnancy, ovarian neoplasms, endometrial maturation and ovarian follicular growth.

Obstetrician/Gynecologists performing ultrasound examinations for diagnosing gynecologic conditions or diseases should be able to meet the following guidelines:

1. Demonstration of specific ultrasound training during an approved Residency or Fellowship in Obstetrics and Gynecology, **OR**

2. Satisfactory completion of a postgraduate hands-on course in Gynecologic Ultrasound approved for AMA Category 1 credits or ACOG cognates.

D. Advanced Operative Laparoscopy

1. Each applicant should have prior experience utilizing the laparoscope for diagnostic or sterilization procedures before requesting operative laparoscope privileges. Experience should include use of video monitors to direct procedures in addition to operating through the laparoscope. Documentation of experience must include:

D. **Advanced Operative Laparoscopy** - Continued

a. Successful completion of a recognized (AMA Category 1 credits or ACOG cognates) formal didactic course of at least sixteen (16) hours duration, including at least four (4) hours of supervised inanimate laboratory experience (e.g., pelvic trainer or hysteroscopic models) and at least four (4) hours of supervised laboratory experience with laparoscopic surgery in live animal models, **OR**;
b. Documentation of completing a structured endoscopy curriculum during residency.

2. Each applicant **must** be initially proctored by a department member credentialed in the requested privilege for at least the first three **(3)** operative laparoscopy cases. The Proctor must complete a written evaluation and recommendation to the Department SIC. Recommendation may be:

a. Successful completion of three operative cases, recommend approval.
b. Extension of proctoring period, _____ (number) additional cases.
c. Ineligible to be granted privilege based on department standards for skill and competency.

1. For laser-related procedures, the applicant must meet defined criteria, **see page 9**.

D. **Advanced Operative Hysteroscopy**

1. Each applicant must have prior experience utilizing the hysteroscope for diagnostic procedures **before** requesting operative hysteroscopy privileges.

2. Applicant must have documented either residency **or** fellowship training in operative hysteroscopy **or** have attended and completed postgraduate training in operative hysteroscopy approved for AMA Category 1 credits or ACOG cognates. This training should specifically include instruction as to the hysteroscopic equipment to be utilized, media selection, electrocautery, and laser use, as requested by the applicant. The training experience must include both didactic **and** hands-on practical components.

3. Each applicant **must** be initially proctored by a department member credentialed in the requested privilege for at least the first three **(3)** operative laparoscopy cases. The Proctor must complete a written evaluation and recommendation to the Department Chief/SIC. Recommendation may be:

a. Successful completion of three operative cases, recommend approval.
b. Extension of proctoring period, _____ (number) additional cases.
c. Ineligible to be granted privilege based on department standards for skill and competency.

2. For laser-related procedures, the applicant must meet defined criteria, **see page 9**.

E. Dilatation and Evacuation

1. The applicant must provide documented experience during residency or fellowship (minimum of **ten** cases) or private practice (minimum of **five** cases). Documentation must be in the form of surgical logs.

2. Once privileges have been granted, the applicant must be proctored or reviewed by a physician credentialed for dilatation and evacuation for a minimum of three (3) cases before performing the procedure independently. The Proctor must complete a written evaluation and recommendation to the Department Chief/SIC. Recommendation may be:

    a. Successful completion of three operative cases, recommend approval.
    b. Extension of proctoring period, _____ (number) additional cases.
    c. Ineligible to be granted privilege based on department standards for skill and competency.

F. Gynecologic Laser-Related Surgery

1. All physicians requesting to use lasers in surgery **must** have attended a laser course approved for AMA category l credits or ACOG cognates containing both didactic and hands-on practical sessions. These courses must be specific to each laser modality (CO2, ND:YAG, Argon, etc) and approach (intra-abdominal, extra-abdominal) anticipated to be utilized by the applicant.

2. Alternatively, the applicant must supply written documentation of proficiency in laser use from an accredited residency or fellowship training program or case list.

3. The applicant must submit the necessary materials to, and receive approval from the Hospital Laser Committee.

4. Each applicant must be initially proctored in the first three (3) laser-related surgeries by a credentialed staff member. The Proctor must complete a written evaluation and recommendation to the Department Chief/SIC. Recommendation may be:

    a. Successful completion of three operative cases, recommend approval.
    b. Extension of proctoring period, _____ (number) additional cases.
    c. Ineligible to be granted privilege based on department standards for skill and competency.

G. Urogynecologic Procedures

1. Each applicant must provide documented experience in residency, fellowship or prior surgical experience.

2. Evidence of prior surgical experience includes surgical logs substantiating the performance of additional sutured prolapse repairs, cystoscopy, intraperitoneal procedures (Mc-Call culdoplasty and sacralcolpopexy), sacrospinous suspension, and retropubic procedures including Burch urothropexy on a regular basis. The surgeon must demonstrate (via proctoring) a thorough understanding of pelvic floor anatomy and function for blind passage of trocar through **critical** spaces.

G. Urogynecologic Procedures - Continued

3. Placement of synthetic mesh with industry driven "kits" are blind and involve the transobturator and transgluteal (ischiorectal fossa) spaces. **Prerequisites for "kit" procedures require** extensive training or experience in sacrospinous ligament suspension, iliococcygeus fascia suspension, and vaginal paravaginal defect repair.

4. **Specialized training is required** for each **type of** mesh placement and awareness **to avoid** risks and adverse events from mesh and tools used to implant the mesh. Training must include attendance at approved courses **which** must consist of didactic and live or laboratory experience.

5. The applicant **must** be proctored for **at least** the first five (5) cases.

H. Cosmetic Laser-Related Procedures

1. All physicians requesting to use lasers for cosmetic procedures **must** have attended a laser course containing both didactic and hands-on practical sessions. These courses must be specific to each laser modality and approach (hair removal, tattoo removal, treatment of varicosities, skin spot lightening) anticipated to be utilized by the applicant.

2. Alternatively, the applicant must supply written documentation of proficiency in laser use from an accredited residency or fellowship training program or case list.

3. Members granted laser privileges must also comply with the standards and requisites of the Laser Committee at the DMC.

4. Each applicant must be initially proctored in the first three (3) laser-related cases by a qualified medical staff member or designee. The Proctor must complete a written evaluation and recommendation to the Department Chief/SIC. Recommendation may be:

   a. Successful completion of three operative cases, recommend approval.
   b. Extension of proctoring period, _____ (number) additional cases.
   c. Ineligible to be granted privilege based on department standards for skill and competency.

I. GYN Robotic-Assisted Surgery

The DMC and Robotics Peer Review Committee (RPRC) recognize three categories of robotic physicians: (1) Attending physicians wishing to begin robotic surgery (new start physicians), (2) Newly graduated physicians that received robotic training in residency and who are looking for privileges as an attending, and (3) Attending physicians that currently practice robotic surgery at another hospital and are wishing to obtain robotic privileges at the DMC. The following document is based on the American Association of Gynecologic Laparoscopists (AAGL) special article, Guidelines for Privileges for Robotic-Assisted Gynecologic Laparoscopy, Journal of Minimally Invasive Gynecology, Vol. 21, Issue 2, p.157-167. This document can be referenced to clarify any areas of ambiguity in the following adaptation for the DMC. Any changes to the AAGL guidelines that reflect the cumulative opinion of the RPRC members as of October 2014.

A. PREREQUISITE TRAINING REQUIREMENTS FOR NEW START PHYSICIANS

1. Residency training in obstetrics and gynecology (mandatory). Satisfactory completion of an accredited residency program in obstetrics and gynecology. The residency program

must be recognized by the Accreditation Council for Graduate Medical Education (ACGME) or the equivalent body if the program is outside the United States or Canada.

2. Prerequisites for training on a robotic surgical system:
    a. Surgeons who currently perform a minimum of 20 major gynecologic procedures per year.
    b. Surgeons with no evidence of higher than the published rates of complications for bowel and urinary tract injury.
    c. Surgeons who will be able to perform procedures using a robotic surgical system immediately after training and will be able to obtain proficiency shortly thereafter.

B. GENERAL REQUIREMENTS FOR NEW START PHYSICIANS

1. Surgeon must be board certified or an active candidate for board certification (as outlined in DMC board certification policy) in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or an appropriate equivalent organization.
2. Surgeon must have privileges to perform the specific gynecologic procedures, either open and/or laparoscopically, without robotic assistance before performing basic or advanced robotic-assisted procedures (see Addendum 1) using a robotic surgical system.
3. Surgeon must a member in good standing of the hospital medical staff.
4. A Robotic Peer Review Committee (RPRC), ideally with members representing multiple disciplines that should be charged with implementing and monitoring these guidelines. Until separate committees are established at each hospital, the current Robotic Peer Review Committee will perform these functions for the entire system and should report its findings to the Ob/Gyn Advisory Committee.

C. TRAINING REQUIREMENTS FOR NEW START PHYSICIANS

1. Surgeon must meet the requirements to be rewarded a certificate of training by an approved robotic surgical system training course:
    a. Complete and computer-based on-line training module.
    b. Observe a live robotic-assisted surgical procedure.
    c. Complete at least 2 hours of bedside training by a qualified trainer for docking, bedside assisting, and resolving bedside surgical system issues.
    d. Complete at least 1 hour of hands-on training with the robotic surgical system using inanimate training aids.
    e. Participate in a live, porcine laboratory course.
    f. Demonstrate competency on a robotic simulator by passing robotic surgery skills drills described in Addenda 5 before operating on a patient (strongly encouraged but not mandatory).
2. Because robotic surgical skills degrade substantially within weeks of inactivity in newly trained surgeons, the first mentored case must be performed no longer than 2 months after training has been completed. Otherwise, the training must be repeated.
3. Surgeons who complete the recommended training pathway may be eligible for approval by the Ob/Gyn Advisory Committee and the remainder of the current privileging process.

D. PRIVILEGING REQUIREMENTS FOR **BASIC PROCEDURES** (Addendum 1)

1. Surgeon is required to complete a minimum of 5 robotic-assisted procedures, **assisted** by an approved mentor (see Definitions) until passing (Robotic Surgery Mentoring Assessment form in Addendum 2). The mentor must be credentialed in the same specialty and meets the requirements of mentor.

2. After completing at least 5-mentored procedures, the surgeon's next 5 basic category robotic procedures must be **observed** by a mentor surgeon; thus encouraging guided independence in the operating room. When attempting a new basic procedure, it should be completed with a mentor surgeon credentialed and experienced in that procedure.
3. During this phase of training for basic robotic procedures, the first 5 non-mentored robotic procedures will undergo a Focused Chart Review (sample form in Addendum 3) by the RPRC. After successful focused review, the RPRC may recommend granting basic privileges for the surgeon to the Ob/Gyn Advisory Committee and the remainder of the current privileging process.
4. Required procedure progression. Because robotic surgery has long learning curves (e.g., at least 50 – 90 procedures for experienced gynecologic laparoscopic surgeons). New robotic surgeons should be limited in their first 15 procedures to ONLY basic laparoscopic procedures (defined in Addendum 1). In general, a candidate surgeon is expected to become proficient with basic cases before being granted privileges to progress to more difficult and complex advanced cases (defined in Addendum 1).
5. Robotic-assisted laparoscopy should NOT be used inappropriately for simple laparoscopic procedures such as tubal ligations and adhesiolysis unless patient conditions warrant it. To ensure proper use of the robotic surgical system, every robotic case will need to be approved by each hospital's designee. The RPRC will monitor the use of the robotic surgical system.
6. Before boarding a **basic** robotic procedure, the primary surgeon must submit a robotic surgery approval document (Addendum 6) at least 1 week prior to the scheduled surgery date. The hospital designee will complete this form and submit it to the boarding office indicating that the case may proceed.

E. PRIVILEGING REQUIREMENTS FOR **ADVANCED PROCEDURES** (Addendum 1)

1. To be eligible for moving from basic to advanced privileges, the robotic surgeon must have completed at least 15 successful basic procedures without complications or other issues. mentoring surgeon(s) must attest to the candidate surgeon's skill and competency for advanced training.
2. Surgeon must be current, having performed the required number of cases annually.
3. Surgeons must complete advanced levels of simulation with passing scores, i.e., >85% (Addendum 5).
4. Surgeon should be strongly encouraged to attend an advanced training course (see Definitions), either an outside ACCME-accredited source or a formal industry-sponsored course.
5. Focused Chart Review of the first 5 advanced procedures should be performed by the RPRC. If there are no unusual outcomes after the Focused Chart Review, and if the surgeon has complied with the guidelines above, the RPRC may recommend to the Ob/Gyn Advisory Committee and the remainder of the current privileging process that the surgeon be granted privileges to perform advanced robotic surgery procedures (Addendum 1).
6. Surgeons should not be permitted to schedule or perform advanced cases until approved by the Ob/Gyn Advisory Committee and the remainder of the current privileging process.
7. After being granted "Advanced Privileges," the surgeon's first two "Advanced" cases must be **assisted** by a mentor physician, of the same specialty, who also has "advanced" robotic privileges. When attempting a new advanced procedure, it should be completed with a mentor surgeon credentialed and experienced in that procedure.

8. If a surgeon wishes to perform a procedure that is new for that surgeon, that surgeon will need to complete additional appropriate training sufficient to be granted privileges to perform the basic open, laparoscopic or robotic case from the hospital's MEC. Proctoring is then required on the first robotic case by a proctor surgeon who has extensive experience with performing that particular procedure ($\geq$ 30 procedures). Examples include sacrocolpopexy, stage 4 endometriosis, and retroperitoneal myoma excision, among others.

F. MAINTAINING PRIVILEGES IN ROBOTICS (Annual Recertification – "Currency")

1. To maintain full robotic privileges, the surgeon must perform a minimum of **twenty (20) robotic procedures** per calendar year.
2. If a surgeon performed less than twenty cases in the previous year, that surgeon is no longer current and will need to accomplish the following before being allowed to schedule a robotic surgery:
    a. Using the robotic simulator, surgeons will need to achieve a score of at least 85% on designated recertification simulator exercises before being able to schedule a case.
3. If >2 months elapses between robotic cases, physician should document proficiency on the simulator within one week of his/her next scheduled robotic case (Addendum 5), scoring at least 85%. A mentor physician should be considered in cases that follow a surgical hiatus of >2 months.

G. DOCUMENTING COMPETENCY AND PROFICIENCY

1. The RPRC will review the proficiency of all robotic surgeons annually.
    a. The RPRC will determine normal outcomes for experienced robotic surgeons (> 40 cases) in their institution for total operative times, estimated blood loss and complications. The RPRC will then determine two standard deviations for these numbers and review all cases that fall outside of these normal values. If a surgeon shows consistent trends as an outlier, then that will be addressed by the Robotic Peer Review Committee.
    b. Surgeons will be required to document annual proficiency on a robotic simulator.
    c. The RPRC reserves the right to require all robotic surgeons to undergo an annual "check ride" with an experienced mentor surgeon using a proctoring checklist to grade the surgeon on their performance. Substandard performance should be addressed with a recommendation from the Robotics Peer Review Committee for additional training, mentoring or other action.
4. Robotic surgeons are encouraged to assist at robotic surgery at least once per quarter to help maintain familiarity with the instrumentation and with advancing and new technologies and to be more aware of issues that occur with robotic surgery at the bedside and within the OR suite.

H. PREVIOUS PRIVILEGING:

1. If a new surgeon with prior training and experience such as training obtained during residency or at another institution applies for robotic privileges, and if that surgeon is currently privileged to perform robotic cases at another JCAHO accredited facility, and if that surgeon has performed a minimum of twenty robotic cases in the prior twelve (12) months, that surgeon may be granted initial privileges without undergoing proctored cases. That surgeon's next five cases will undergo focused review and another

robotic surgeon must assist this surgeon until granted robotic privileges by the Ob/Gyn Advisory Committee and the remainder of the current privileging process.

2. If that surgeon meets the standards above but has performed less than twenty cases in the prior twelve months, then that surgeon will be required to complete the requirements as listed above under Section F: "Maintaining Privileges in Robotics" (Annual Recertification).
3. If a surgeon was trained in a residency or fellowship within the last 2 years, then the criteria stated in C: "Training Requirements for New Start Physicians" will apply. That surgeon will need to complete any items not documented before being allowed to start performing robotic surgery.
4. The appropriate hospital department committee and the Medical Executive Committee reserves the right to review, recommend, modify and apply these requirements as needed after review of each individual applicant.

I. CONTINUING MEDICAL EDUCATION:

CME related to robotic-assisted gynecologic laparoscopic surgery will be required as part of the periodic renewal of privileges. To maintain privileges, a surgeon should earn a minimum of 6 credits of *AMA/PRA Category 1 Credits* (CME) in the preceding 24 months. Attendance at appropriate local, national, or international meetings and courses is encouraged.

J. DEFINITIONS:

Advanced training course: Training course certified for *AMA PRA Category 1 Credit* or a non-accredited course sponsored by an institution or industry that meets accepted guidelines for training as defined by the Robotics Peer Review Committee.

Competence or competency: Determination of an individual's capability to perform to defined expectations.

Currency: Minimum number of surgical procedures required to be performed over a specified period (e.g., 1 year) to ensure maintenance of skills by the robotic surgeon.

Credentials: Documented evidence of licensure, education, training, experience, or other qualifications.

Complete procedural conduct: Competency of the applicant and/or institution insofar as patient selection, peri-procedural care, performance of the operation, technical skill, and equipment necessary to safely complete a procedure using robotic-assisted gynecologic laparoscopy techniques, and, when applicable, the ability to proceed immediately with an alternative procedure including an open or laparoscopic procedure.

Documented training and experience: Case list that specifies the applicant's role (primary surgeon, co-surgeon, first assistant, chief resident, junior resident, or observer). The case list should also include complications, outcomes, and conversion to open techniques, if known, and specify whether these details are not known.

Mentor: A mentor is a board certified surgeon who is privileged to perform robotic surgery in his/her respective institution; and who has performed a minimum of 30 successful robotic cases. Mentors are approved on the advice of the Robotics Peer Review Committee and the Medical Staff Office. A mentor can (and often is required to) function as an assistant surgeon while mentoring. A mentor will report to the medical staff whether or not he/she feels that the new robotic surgeon can operate safely on the

DaVinci™ Robotic System. It is incumbent on the trainee to reimburse the mentor surgeon according to the policy of the hospital, the Medical Executive Committee, and the Mentor.

New start physician: An attending physician who has never trained on the robotic surgical system or who's training was >2 years from the time of requesting robotic privileges.

Robotic Trained Assistant: To assist at surgery, the surgeon may either be already privileged to perform robotic assisted surgery in that particular facility; or the surgeon must be a surgeon with privileges to perform the basic non-robotic procedure and the surgeon must also have completed an in-service session with the Intuitive Representative or other qualified trainer on docking the robot as well as working with and managing the bedside robot prior to scheduling the case. ($\geq$ 2 hours). The representative will need to inform the Medical Staff Office of this completed training. For non-physician robotic assistants, see attachment 2.

ADDENDUM 1: Robotic-Assisted Gynecologic Laparoscopy: Basic and Advanced Procedures

The cases listed below are defined as either "Basic" or "Advanced" robotic procedures.

1. A new robotic surgeon will be expected to perform at least fifteen (15) cases from the "Basic" Group before being eligible to receive "advanced" robotic privileges.
2. If the surgeon has never performed a particular advanced procedure before either open or laparoscopically, then mentoring by an approved Robotic Mentor Surgeon is required. Verification of appropriate training through an approved source is also required for accomplishing that procedure if the surgeon doesn't already possess basic open and/or laparoscopic privileges for that procedure.
3. When performing the first two advanced cases, the surgeon shall be required to have a robotic trained assistant from the same specialty who has advanced privileges. These cases will all be reviewed.
4. Surgeons should have performed at least one (1) case in the thirty days prior to performing their first two (2) advanced cases.

Basic Robotic-Assisted Gynecologic Laparoscopic Procedures

1. Adnexal surgeries including ovarian cystectomies, salpingo-oophorectomies and adhesiolysis.
   a. Benign cysts without potential of malignancy
2. Laparoscopic Supracervical Hysterectomies for uteruses, $\leq$250 grams by ultrasound with or without BSO.
3. Laparoscopic Total Hysterectomies for uteruses, $\leq$250 grams by ultrasound with or without BSO
4. Laparoscopic Assisted Vaginal Hysterectomies with or without BSO $\leq$ 250 grams by ultrasound, closing the cuff with the robot from above.
5. No more than two prior abdominal surgeries including Cesarean Sections.
6. BMI $\leq$ 35.
7. Laparoscopic myomectomies: four or less with no fibroid > 6 cm in size.
8. Endometriosis: minimal or mild (Stage 1-2 AFS)

Advanced Robotic-Assisted Gynecologic Laparoscopic Procedures

1. Pelvic lymphadenectomy including para-aortic lymphadenectomy (Requires Gyn Oncology privileges.)
2. Retroperitoneal procedures including presacral neurectomy, ureterolysis and biopsy or excision of masses
3. Sacrocolpopexy, Burch Procedures and other pelvic reconstruction operations
4. Stage 3 or 4 endometriosis surgery (AFS stage: moderate or severe)
5. Bowel surgery including appendectomy
6. Any other new, not previously described complex procedure

ADDENDUM 2: Robotic Surgery Mentoring Assessment

Date of Mentoring/Assessment: _____

Location: _____

Name of surgeon being mentored: _____

Name of the mentor: _____

Type of procedure: _____

Robotic case number for surgeon: ☐1 ☐2 ☐3 ☐4 ☐5 ☐other___

Evaluation Items:

1. Was the patient selection for the type of case appropriate? ☐Yes ☐No
   Type of procedure: ☐Basic ☐Advanced
   If No, provide comments: _____
   _____

2. Was the case progression appropriate: ☐Yes ☐No
   If No, provide comments: _____
   _____

3. Was the surgical technique safe and efficient? ☐Yes ☐No
   Circle areas of concern or areas of improvement: Uterine manipulator placement, trocar placement, docking, instruments out of view, instrument collisions, proper use of cautery or energy, knowledge of anatomy, excessive blood loss, sewing and know tying, other:
   _____
   _____

4. Were any complications managed appropriately? ☐Yes ☐No ☐NA
   If No, provide comments: _____

5. Was the surgeon able to complete the case robotically (i.e., no conversion to open, vaginal, or laparoscopic technique)? ☐Yes ☐No

6. Could the surgeon have completed the case successfully without a mentor present? ☐Yes ☐No

7. Is the surgeon technically competent with robotics to operate independently?
   ☐Yes ☐No
   Proctor: _____

   Surgeon_____

   Date: _____

ADDENDUM 3: Privileging Mentoring Review and Retrospective Review for Robotics and Minimally Invasive Surgery Focused Review Form

Patient Name: _____ Facility: _____
ID Number (MRN): _____ Date of Review: _____
Reviewer Name: _____

Type of Review: Focused
Review Category: Privileging
Review Source: Screens

☐Basic
Patient selection:
_____
Total OP time: _____minutes
EBL: _____mL
Anesthesia notes/criteria:
_____

☐Advanced
Patient selection:
_____
Total OP time: _____minutes
EBL: _____mL
Anesthesia notes/criteria:
_____

Reason for Review: Case Review
☐Findings:
☐No findings
☐Documentation issues:
☐Communication issues:
☐System issues:
☐Care issues:
☐Recommendations:
☐No recommendations
☐Refer to other peer review:
_____

Actions:
1.☐Surgeon recommended for full robotic surgical system privileges
2.☐Due to concerns or status listed above:
☐Continued case review ☐Other
☐Sent review to Surgical Committee
☐Sent review to RPRC

Signature of Reviewer:
_____

ADDENDUM 4: Non-Physician Robotics Assistant Privileging

1. Assistant must be a licensed practicing Physicians Assistant (PA), Certified Registered Nurse First Assistant (CRNFA), Advanced Registered Nurse Practitioner (ARNP), or Certified Surgeon Technician (CST) whose requirements are dictated by the State Nursing Care Quality Assurance Commission or the State Medical Licensing Division and the local hospital or health care system.
2. Assistant must already be privileged to assist at open or laparoscopic surgery.
3. Assistant must complete 4 hours of hands-on robotic bedside orientation and skill training conducted by a certified trainer.
4. Assistant must observe 2 successfully completed robotic surgery cases including set-up, patient positioning, orientation of equipment, surgeon preferences, the procedure itself, and postoperative activities.
5. Assistant must be proctored while assisting on 2 success- fully completed robotic procedures by either a surgeon or another certified non-physician assistant who must be available for instant hands-on instruction or to take over as dictated by case need.
6. For a PA, CRNFA, ARNP, or CST to serve as an assistant trainer for another CRNFA, PA, or ARNP, he or she must have completed at least 40 robotic laparoscopic procedures and feel comfortable in this role.
7. Each primary surgeon must be comfortable with the assistant's role and abilities, with the right to require longer periods of observation, as the surgeon deems necessary.

PAs, CRNFAs, and ARNPs may assist only surgeons who have successfully completed the requirements currently in effect and have received approval to use a non-surgeon as the primary assistant (Advanced Category).

When assisting in a robotic-assisted surgical procedure, a non-PA may perform only those additional activities for which the assistant is already privileged.

ADDENDUM 5: Sample Robotic Simulator Exercises (on Mimic dV Trainer and Intuitive Skills Simulator).

Simulator exercises subject to modification as technology improves.

Sample Robotic Simulator Exercises (on Mimic dV Trainer and Intuitive Skills Simulator)

Initial Training, Basic Certification

1. Camera and clutching
   a. Camera Targeting 2
   b. Ring walk 2
2. Endowrist manipulation
   a. Peg board 2
3. Energy and dissection
   a. Energy dissection 2

Advanced Certification

1. Camera and clutching, use of third arm
   a. Ring walk 3
2. Needle control and suturing
   a. Dots and needles 1
   b. Sewing 1
3. Endowrist manipulation
   a. Match board 3

Annual Recertification

1. Camera and clutching
   a. Ring walk 2
   b. Peg board 3
2. Energy and dissection
   a. Energy dissection 1
3. Needle driving and sewing Suture Sponge 2

ADDENDUM 6: Robotic Surgical Approval Document

Robotic Patient Review, Approval and Scheduling Documentation
(must be submitted for ALL robotic cases)

Requested Date of Surgical Procedure: _____

Surgeon: _____

Surgeon's Phone: _____ Surgeon's Fax: ___ _____

Procedure: _____

Diagnosis: _____

Patient's Name: _____ Age: _____

Size of Uterus: _____ BMI/Weight: _____

Previous Abdominal Surgeries: _____

Diagnostic Studies (Date/Result):
Endometrial Biopsy (<12 mo)_____
Pap Smear_____
Ultrasound / MRI_____
Other:_____

Notes:
_____

_____

Fax completed document to _____ once completed: XXX-XXX-XXXX
Must be submitted 7 to 10 days before intended procedure

☐ Approved by Designee ☐ Hold until further notice by Designee
☐ Unapproved by Designee

☐ Approved with restrictions _____

_____

Designee

DETROIT MEDICAL CENTER

DELINEATION OF PRIVIEGES IN ADDICTION MEDICINE
ADDENDUM*

APPLICANT NAME: _____

Please Print

Qualifications: In order to be eligible to request clinical privileges in Addiction Medicine, an applicant must meet the following minimum threshold criteria:

A. Meet the basic requirements for medical staff membership and privileges as defined in the Medical Staff Bylaws, Article III, Section 2.

B. Minimum formal training: The applicant must have successfully completed an ACGME/AOA approved residency program in a primary care specialty including; Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum for complete requirements.

C Completion of an accredited training program in Addiction Medicine or demonstrate that they are working toward certification by ASAM (American Society of Addiction Medicine) or AAAP (American Academy of Addiction Psychiatry), said certification must be completed within 4 years of its onset OR have completed a fellowship program in Addiction Medicine or Addiction Psychiatry.

D. Required previous experience: The applicant must be able to demonstrate that he or she has performed at least 50 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) during training and 25 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) in a 12 month~~s~~ period to maintain privileges.

(R) (A) (C) (N)
☐ ☐ ☐ ☐

Clinical Privileges in Addiction Medicine
The following procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in addiction medicine.

A. Assessment, diagnosis, and treatment of substance use disorders (addiction, abuse, intoxication and withdrawal disorders).

B. Management of the following:
   1. Severe or complex intoxication
   2. Severe or complex withdrawal
   3. Medical complications of substance use disorders

C. Provide consultation services in addiction medicine for patients, in collaboration with the physician who requests the consultation. These services would likely include taking the history, performing a physical examination, ordering evaluative medication management.

D. Integration of addiction medicine expertise with other health care providers including specialist in the emergency department and intensive care units.

APPLICANT NAME: _____

Please Print

Clinical Privileges in Addiction Medicine - Continued

E. Work collaboratively with allied health practitioners, including psychologists, nurse practitioners, physician assistants and pharmacists.

Acknowledgement of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges and hereby stipulate that I meet the minimum threshold criteria for this request.

_____ _____

Applicant Signature Date

Dept Chief/SIC Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

☐ Recommend as requested ☐ Do not recommend

☐ Recommend with conditions/modification as listed

_____ _____

Dept Chief (or designee) Signature Date

_____ _____

Specialist-in-Chief (or designee) Signature Date

Joint Conference Committee Approval: _____

Date

Addendum to the following Department Delineation of Privileges:

- Emergency Medicine
- Family Medicine
- Internal Medicine
- **Obstetrics/Gynecology ***
- Pediatrics
- Psychiatry

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.

- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.

- The Board certification must be in the specialty and specific practice which clinical privileges are requested.

- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.

- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.

- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.

- DMC medical staff members on staff prior **to July 1, 2009,** who are not Board certified will not be required to achieve Board certification**.** Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.

- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 4.24.2015

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

PERFORMANCE MEASURE

For Information Purposes

I. Focused Professional Practice Evaluation (FPPE)

FPPE is an evaluation of privilege-specific competence that will occur:

1) between six to nine months after the initial appointment date,
2) when a question arises regarding practitioner's ability to perform safe/quality care, and
3) at the time that new procedures and privileges have been requested to determine competence.

The elements of an FPPE can change according to the individual privilege/procedure requirements and may include "ad hoc" review of individual cases. FPPE may include any reasonable criterion, but generally will include metrics related to Core Measures. Current minimum FPPE measures include:

Patient Care

- Provides patient care in a compassionate, appropriate and effective manner for the promotion of health, prevention of illness, treatment of disease and care at the end of life.

Medical Knowledge

- Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and applies this knowledge to patient care.

Practice Based Learning

- Demonstrates use of scientific evidence to investigate, evaluate and improve patient care practices and outcomes.

Interpersonal Skills and Communication Abilities

- Demonstrates ability to work with members of the health care team.
- Demonstrates rapport with patients, families and hospital staff.

Professionalism and Citizenship

- Participates in medical staff activities, i.e., meeting attendance.
- Complies with Medical Staff Bylaws, Rules & Regulations, and Policies.

System-Based Practice

- Complies with medical record documentation requirements.
- Demonstrates appropriate use of recourses (LOS, admissions, procedures, testing).

II. Ob/Gyn Ongoing Professional Practice Evaluation (OPPE)

The Ongoing Professional Practice Evaluation is a tool to identify professional practice trends that may impact quality or safety of care, and monitor competency through the systematic

collection of data. It will occur at least twice yearly, and at each reapplication for DMC Department of Obstetrics and Gynecology privileges. The elements of an OPPE may change

according to individual privilege/procedures requirements, and may include "ad hoc" review of individual cases. OPPE may include any reasonable criterion, but generally will include metrics related to Core Measures. Current OPPE measures include:

Patient Care

- Provides patient care in a compassionate, appropriate and effective manner for the promotion of health, prevention of illness, treatment of disease and care at the end of life.

Medical Knowledge

- Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and applies this knowledge to patient care.

Practice Based Learning

- Demonstrates use of scientific evidence to investigate, evaluate and improve patient care practices and outcomes.

Interpersonal Skills and Communication Abilities

- Demonstrates ability to work with members of the health care team.
- Demonstrates rapport with patients, families and hospital staff.

Professionalism and Citizenship

- Participates in medical staff activities, i.e., meeting attendance.
- Complies with Medical Staff Bylaws, Rules & Regulations, and Policies.

System-Based Practice

- Complies with medical record documentation requirements.
- Demonstrates appropriate use of recourses (LOS, admissions, procedures, testing).