

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: August 25th, 2021

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

The following Core Privilege forms were approved at all 4 Regions MEC meetings on August 10th, 2021:

- OB/GYN
- Family Practice - Revised

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ____/____/____ To ____/____/____

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

QUALIFICATIONS FOR FAMILY MEDICINE

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the provision of Family Medicine services, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – FAMILY MEDICINE

Requested **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to **patients of all ages** ~~adolescent and adult~~ patients with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, neurological (inclusive of Stroke), hematopoietic, gastroenteric, integumentary, nervous, female reproductive and genitourinary systems. 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 procedures listed below and such other procedures that are extensions of the same techniques and skills.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

1. Perform history and physical exam
2. I & D abscess
3. Local anesthetic techniques
4. Manage uncomplicated minor closed fractures and uncomplicated dislocations
5. Management of burns, superficial and partial thickness
6. Placement of anterior and posterior nasal hemostatic packing
7. Suture uncomplicated lacerations

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

ACKNOWLEDGEMENT OF PRACTITIONER

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ Date _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):*

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes:

Department Chairperson Signature _____ Date _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action _____ Date _____

Medical Executive Committee Action _____ Date _____

Board of Commissioners Action _____ Date _____

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/_____ To ___/___/_____

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

QUALIFICATIONS FOR OBSTETRICS

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 deliveries (to include at least 5 C-Sections) in the past 12 months reflective of the scope of privileges requested in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (50 deliveries to include at least 10 C-Sections) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – OBSTETRICS

Requested **BHMC** **BHCS**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients, and/or provide 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 this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Amnioinfusion
3. Amniocentesis
4. Amniotomy
5. Application of internal fetal and uterine monitors
6. Augmentation and induction of labor
7. Cesarean hysterectomy, cesarean section
8. Cerclage
9. Cervical biopsy or conization of cervix in pregnancy
10. Circumcision of newborn
11. External version of breech
12. Hypogastric artery ligation
13. Immediate care of the newborn (including resuscitation and intubation)
14. Interpretation of fetal monitoring
15. Management of high-risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities.
16. Management of patients with/without medical, surgical, or obstetrical complications for normal labor including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.
17. Manual removal of placenta, uterine curettage
18. Medication to induce fetal lung maturity
19. Normal spontaneous vaginal delivery
20. Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques
21. Operative vaginal delivery (including the use of obstetric forceps and/or the vacuum extractor)
22. Perform breech and multifetal deliveries
23. Pudendal and paracervical blocks
24. Repair of 4th degree perineal lacerations or of cervical or vaginal lacerations
25. Treatment of medical and surgical complications of pregnancy
26. Vaginal birth after previous Cesarean section (VBAC)

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ____/____/____ To ____/____/____

QUALIFICATIONS FOR GYNECOLOGY

Education and training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.
Certification	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.
Required current experience – initial	Demonstrated current competence and evidence of at least 25 gynecological surgical procedures (to include at least 5 major abdominal cases), reflective of the scope of privileges requested in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 gynecological surgical procedures to include at least 10 major abdominal cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – GYNECOLOGY

Requested **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female adolescent and adult patients presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically 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 procedures listed below and such other procedures that are extensions of the same techniques and skills.

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/_____ To ___/___/_____

1. Perform history and physical exam
2. Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
3. Aspiration of breast masses
4. Cervical biopsy including conization
5. Colpocleisis
6. Colpoplasty
7. Colposcopy
8. Cystoscopy as part of gynecological procedure
9. Diagnosis and management of pelvic floor dysfunction, including operations for its correction e.g. (repair of rectocele, enterocele, cystocele, or pelvic prolapse)
10. Diagnostic and operative laparoscopy (other than tubal sterilization)
11. Diagnostic and therapeutic D & C
12. Endometrial ablation
13. Gynecologic diagnostic procedures including ultrasonography and other relevant imaging techniques
14. Hysterectomy, abdominal, vaginal, including laparoscopically assisted
15. Hysterosalpingography
16. Hysteroscopy, diagnostic and/or operative and/or ablative excluding use of resection technique
17. I & D of pelvic abscess
18. Incidental appendectomy
19. Laparotomy (other than tubal sterilization)
20. Metroplasty
21. Myomectomy, abdominal
22. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix
23. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
24. Operation for uterine bleeding (abnormal and dysfunctional)
25. Operations for sterilization (tubal ligation or salpingectomy)
26. Operative management of pelvic pain
27. Termination of pregnancy
28. Tuboplasty and other infertility surgery (not microsurgical)
29. Uterosacral vaginal vault fixation, paravaginal repair
30. Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
31. Vulvar biopsy
32. Vulvectomy, simple

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

Education and training	As for obstetrics and gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in gynecologic oncology.
Certification	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.
Required current experience – initial	Demonstrated current competence and evidence of at least 12 gynecologic oncology procedures, reflective of the scope of privileges requested in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (24 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – GYNECOLOGIC ONCOLOGY

Requested **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to female pediatric, adolescent, and adult patients, with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary, and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. 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 procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass – fine needle aspirations, needle biopsies)
3. Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
4. I & D of abdominal or perineal abscess
5. Insertion of intracavity radiation application
6. Lymphadenectomies (inguinal, femoral, pelvic, para-aortic)
7. Manage operative and post-operative complications

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

8. Microsurgery
9. Myocutaneous flaps, skin grafting
10. Omentectomies
11. Para aortic and pelvic lymph node dissection
12. Pelvic exenteration (anterior, posterior, total)
13. Reconstruction procedures: development of neovagina (split thickness skin grafts, pedicle grafts, myocutaneous grafts); development of new pelvic floor (omental pedicle grafts, transposition of muscle grafts)
14. Salpingo-oophorectomies
15. Surgery of the gastrointestinal tract and upper abdomen to include: placements of feeding jejunostomy/gastrostomy; resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low anterior resection and reanastomosis); bypass procedures of the large bowel; mucous fistula formations of large bowel; colostomies; splenectomies; liver biopsies
16. Surgery of the urinary tract: (Bladder) cystectomy (partial, total); repairs of vesicovaginal fistulas (primary, secondary); cystotomy; (ureter): ureteroneocystostomies with and without bladder flaps or psoas fixation; end to end ureteral re-anastomoses; transuretero-ureterostomies; small bowel interpositions; cutaneous ureterostomies; repairs of intraoperative injuries to the ureter; and conduits developed from the ileum, colon
17. Treatment of malignant disease with chemotherapy
18. Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
19. Vaginectomy (simple, radical)
20. Vulvectomy (skinning, simple, partial, radical)

QUALIFICATIONS FOR MATERNAL-FETAL MEDICINE

Education and training	As for Obstetrics and Gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in maternal and fetal medicine.
Certification	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.
Required current experience – initial	Demonstrated current competence and evidence of the provision of inpatient, outpatient or consultative care to at least 25 patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 inpatients, outpatients, or consultations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – MATERNAL FETAL MEDICINE

Requested **BHMC** **BHCS** ~~**BHIP**~~ ~~**BH North**~~

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. 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 procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Amnioreduction
3. Breech delivery (spontaneous, assisted, application of forceps to after coming head)
4. Cephalocentesis
5. Cesarean hysterectomy
6. Chorionic villi sampling
7. Complicated cesarean delivery
8. Delivery of multiple gestations
9. Diagnostic laparoscopy
10. Episiotomy and vaginal laceration repair
11. External cephalic version of abnormal lie
12. Fetal assessment: (antepartum) non stress test, contraction stress test, biophysical profile, vibroacoustic stimulation test, Doppler velocimetry; (intrapartum) fetal heart rate monitoring, scalp stimulation
13. Genetic amniocentesis
14. In utero fetal transfusion
15. Induction of labor
16. Interoperative support to obstetrician as requested including operative first assist
17. Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, placement of urinary catheter)
18. Laparoscopic enterolysis
19. Manual removal of placenta
20. Medical and surgical control of hemorrhage
21. Neonatal resuscitation

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- 22. Operative vaginal deliveries
- 23. Percutaneous umbilical blood sampling (PUBS)
- 24. Sterilization procedures
- 25. Transvaginal cervical cerclage
- 26. Ultrasound examination to include 1st, 2nd, 3rd trimester targeted anatomic fetal evaluation, cardiac evaluation including color Doppler, Doppler velocimetry (fetal umbilical artery, fetal middle cerebral artery, maternal uterine artery), cervical and placental evaluation, 3D, and 4D ultrasound
- 27. Version of second twin

QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)

Education and training	Successful completion of an ACGME approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology or AOA approved fellowship in female pelvic medicine and reconstructive surgery.
Certification	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology or the American Board of Urology or AOA CSQ in female pelvic medicine/reconstructive surgery.
Required current experience – initial	Demonstrated current competence and evidence of at least 12 female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (24 procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

CORE PRIVILEGES – FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY / UROGYNECOLOGYRequested BHMC BHCS BHIP BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female adolescent and adult patients presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. 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 procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Perform and interpret diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, pelvic, organ prolapse
3. Continence Procedures for Genuine Stress Incontinence
 - Periurethral bulk injections (e.g. polytef, collagen, fat)
 - Long needle procedures (e.g. Pereyra, Raz, Stamey, Gittes, Muzsnai)
 - Vaginal urethropexy (e.g. bladder neck placcation, vaginal paravaginal defect repair)
 - Retropubic urethropex (e.g. Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair)
 - Sling procedures (e.g. fascia lata, rectus fascia, heterologous materials, vaginal wall)
4. Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery
 - Cutting of one or more suspending sutures
 - Retropubic urethrolysis with or without repeat bladder neck suspension
 - Revision, removal, or release of a suburethral sling
5. Other surgical procedures for treating urinary incontinence
 - Placement of an artificial urinary sphincter
 - Continent vesicotomy or supravescical diversion
 - Augmentation cystoplasty, supravescical diversion, sacral nerve stimulator implantation, and bladder denervation
 - Urethral closure and suprapubic cystotomy
6. Anal Incontinence Procedures
 - Sphincteroplasty
 - Colostomy
 - Bowel resection
 - Muscle transposition
 - Retrorectal repair
 - Dynamic (stimulated muscle transposition)

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/_____ To ___/___/_____

7. Pelvic Floor Dysfunction and Genital Prolapse Procedures

- Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair)
- Vaginal (transvaginal hysterectomy with or without colporrhaphy; anterior and posterior colporrhaphy and perineorrhaphy; paravaginal repair; Manchester operation; enterocele repair; vagina vault suspension; colpocleisis; retro-rectal levator plasty and post anal repair)

QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY

Education and training	As for Obstetrics and Gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) or an American Osteopathic Association (AOA) approved fellowship in reproductive endocrinology.
Certification	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.
Required current experience – initial	Demonstrated current competence and evidence of at least 12 reproductive endocrinology procedures, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (24 reproductive endocrinology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – REPRODUCTIVE ENDOCRINOLOGY

Requested BHMC BHCS BHIP BHN

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. 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 procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Fertility restoration including laparoscopy and laparotomy techniques used to reverse sterilization
3. Diagnostic and therapeutic techniques including: hysterosalpingography, sonohysterography, tubal canalization and endoscopy (laparoscopy and hysteroscopy)

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

- 4. Infertility surgery including all techniques used for: reconstruction of uterine anomalies, myomectomies, resection of uterine synechiae, cervical cerclage, tuboplasty, resection of pelvic adhesions, ovarian cystectomies, staging and treating endometriosis, including pre- and post-operative medical adjunctive therapy
- 5. Surgical treatment of developmental disorders, including all techniques used for neovaginal construction (dilation and surgical methods), correction of imperforate hymen, removal of vaginal and uterine septae, correction of müllerian abnormalities
- 6. Surgical treatment of ambiguous genitalia including construction of unambiguous function female external genitalia and vagina (e.g. vaginoplasty, clitoral reduction, exteriorization of the vagina and feminizing genitoplasty; techniques for prophylactic gonadectomy

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

USE OF LASER

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10-hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
BHIP = Broward Health Imperial Point; BHN = Broward Health North

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

USE OF ROBOTIC ASSISTED SYSTEM

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least six (6) robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial two (2) cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least twelve (12) robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY (LSH)

Requested BHMC BHCS BHIP BHN

Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in LSH. Applicant must currently hold advanced laparoscopic privileges. **Required Current Experience:** Demonstrated current competence and evidence of at least 12 LSH procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of at least 24 LSH procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. In addition, continuing education related to transcervical sterilization is required.

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ___/___/___ To ___/___/___

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested **BHMC** **BHCS** **BHIP** **BHN**

 See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested **Level 1 – Deep Sedation**

Requested **Level 2 – Moderate Sedation**

Criteria: Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):*

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes:

Department Chairperson Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action _____ **Date** _____

Medical Executive Committee Action _____ **Date** _____

Board of Commissioners Action _____ **Date** _____

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