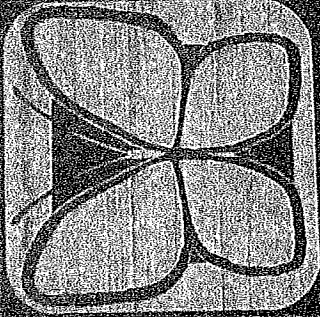


EXHIBIT A

11250-11258 Lebanon Road

Lebanon Road Medical Building



Women's Med Group

Martin Haskell, MD  
Gynecology

Roslyn Kade, MD  
Gynecology

Neil Strickland, MD  
Gynecology

A

EXHIBIT B:

**Martin Haskell, MD**

1. Hospital privileges are for Family Medicine at Jewish Hospital Cincinnati (Exhibit D1)
2. Inconsistencies in business practice:

NPPES: Selected Taxonomy: Obstetrics & Gynecology – Gynecology  
Practice Location: 1401 E Stroop Rd, Dayton, OH 45429-4927

NPI: None found

Ohio License Center: Name: William Mudd Martin Haskell

Specialties: Gynecology, Family Practice

Practice: 11250 Lebanon Road, Cincinnati OH 45241  
United States of America

ASF Website: "Practicing gynecology and providing abortions" (Exhibit E-3)

**Roslyn G. Kade, MD**

1. Hospital privileges are for Family Practice at Christ Hospital Cincinnati (Exhibit D2-D6)  
Privileges have limitations on OB/GYN services (Exhibit D6,#4)

2. Inconsistencies in business practice:

NPPES: Selected Taxonomy: Obstetrics & Gynecology – Gynecology  
Practice Location: 71 E Hollister Street, Cincinnati OH 45219

NPI: Name: Roslyn Kade

Address: 71 E Hollister Street, Cincinnati OH 45219

Selected Taxonomy: Allopathic & Osteopathic Physicians

Ohio License Center: Name: Roslyn Glenore Kade

Specialties: Gynecology, Gynecology

Practice Location: 71 E Hollister Street, Cincinnati OH 45219

ASF Website: "Practicing gynecology and providing abortions" (Exhibit E-3)

**Neil Richard Strickland, MD**

1. Represented on exterior signage of ASF as doing business in that location. (Exhibit A)
2. Represented on ASF website page "WHO WE ARE", as a physician that performs surgical procedures. (Exhibit E3)
3. Represented on the ASF website page "FORMS" on the following documents:  
Referring Physician Information (Exhibit E32)  
Consent to Medical Services, Surgery & Anesthesia (Exhibit E35)
4. Hospital privileges were not submitted to ODH (Exhibit C3)
5. Inconsistencies in business practices:

NPPES: Selected Taxonomy: Emergency Medicine

Practice Location: 2052 Cedarville Rd, Goshen, OH 45122-9217  
NPI: Name: Neil Strickland  
Primary Taxonomy: Allopathic & Osteopathic Physicians  
Practice Location: 2052 Cedarville Rd, Goshen, OH 45122  
Ohio License Center: Name: Strickland, Neil Richard  
Specialties: Gynecology, Gynecology  
Practice Location: 1401 East Stroop Road, Dayton, OH 45429  
ASF Website: "Practicing gynecology and providing abortions" (Exhibit E3)

**Ronald Norman Yeomans, MD**

1. Represented on the ASF website "FORMS" on the following documents:  
Referring Physician Information (Exhibit E32)  
Consent to Medical Services, Surgery & Anesthesia (Exhibit E35)
2. Inconsistencies in business practices:  
NPES: Selected Taxonomy: Obstetrics & Gynecology  
Practice Location: 720 Central Ave, Kansas City, KS 66101-3546  
NPI: Name: Ronald Yeomans  
Primary Taxonomy: Allopathic & Osteopathic Physicians  
Practice Location: 720 Central Ave, Kansas City, KS 66101  
Ohio License Center: Name: Ronald Norman Yeomans  
Practice Location: No address on file.  
Specialties: (blank)  
**Status: INACTIVE**

**Lebanon Road Medical Center, LLC dba Lebanon Road Surgery Center**

1. State of Ohio License Information at [www.ohio.gov](http://www.ohio.gov), Department of Health:

Name: Lebanon Road Surgery Center Operator: Lebanon Road Medical Building, LLC  
Address: 11250 Lebanon Road, Cincinnati, OH 45241 Administrator: Lori Blackburn  
Mailing Address: P.O. Box 43100, Cincinnati, OH 45243 Email: [lorib@fortemgt.com](mailto:lorib@fortemgt.com)  
CLIA Certif: Name: Womens Med+Center Provider ID#: 36D0346315  
221-LAB-CLIA-Compliance  
Address: 11250 Lebanon Road, Cincinnati OH 45241 Email: not available  
Mailing address: P O Box 43100, Cincinnati OH 45243

2. State of Ohio License Information on former location at [www.ohio.gov](http://www.ohio.gov), Department of Health:

Name: Women's Med Center Operator: Women's Medical Professional Corporation  
Address: 2319 Jefferson Avenue, Cincinnati, OH 45220 Administrator: Lori Blackburn  
Mailing address: same Email: [reneet@fortemgt.com](mailto:reneet@fortemgt.com)  
Status: Closed-Owner

3. Different ASF with believed similar ownership at [www.ohio.gov](http://www.ohio.gov), Department of Health:  
 Name: Women's Med Center of Dayton Operator: N/A  
 Address: 1401 E Stroop Rd ,Dayton, OH 45429 Administrator: Martin M Haskell, MD  
 Mailing Address: P O Box 43100, Cincinnati OH 45243 Email: [melissag@fortemgt.com](mailto:melissag@fortemgt.com)  
 CLIA Certif: 221 LAB-CLIA-Compliance Email: [reneet@fortemgt.com](mailto:reneet@fortemgt.com)  
 Agreement of Emergency Hospital Back Up Services dated 5-30-2003  
 To: Martin Haskell, MD; Women's Professional Medical Corporation  
 Facility: Women's Med+ Center of Dayton  
 Mailing Address: P O Box 43100, Cincinnati, OH 45243  
 Obtained from: ODH open records request  
 SHD believes this ASF operates under a variance for: Women's Med Center of Dayton.

4. The names of the provider ASF, as represented on ASF website, are shown with web page and name.  
 Please notice that there is no listing of "Lebanon Road Medical Center LLC" or "Lebanon Road Surgery Center". Web address is: [www.womensmedcenter.com](http://www.womensmedcenter.com) (Exhibit E1-E37)

HOME PAGE: Women's Med Center (Exhibit E1)  
 Cincinnati Women for Women  
 Cincinnati's Women's Services

LOCATIONS: Women's Med Cincinnati (Exhibit E26)  
 Women's Med Center  
 Women's Med  
 Women;s Med  
 Womens Med Center@2009  
 The Women's Med Center

WHO WE ARE>CREDENTIALS: The Women's Med Centers (Exhibit E4)  
 ABORTION CARE>THE ABORTION PILL (RU486): The Women's Med Centers (Exhibit E11)  
 ABORTION CARE>SAFETY: The Women's Med Centers (Exhibit E14)  
 Women's Med Centers

BIRTH CONTROL: The Women's Med Center (Exhibit E20)  
 FEES>WHAT'S INCLUDED AT WOMEN'S MED: Women's Med (Exhibit E25)  
 FORMS: Provider names on the following:  
 Instructions For Completing Forms: Women's Med (Exhibit E28)  
 Abortion Procedure Explanation: Women's Med (Exhibit E29)  
 Registration: Women's Med (Exhibit E30)  
 Medical History: Women's Med (Exhibit E31)  
 Referring Physician Information: Women's Med (Exhibit E32)  
 WMC  
 WCC

Follow-up Instructions: Women's Med (Exhibit E33)  
 Disclosure of Risks, Benefits and Alternatives: Women's Med (Exhibit E34)

Consent to Medical Services, Surgery & Anesthesia: Women's Med (Exhibit E35)  
Consent and Certification: Women's Med (Exhibit E36)  
Patient Privacy and Confidentiality Policy: Women's Med (Exhibit E37)  
Women's Med Group Professional Corp

5. ASF name represented on location signage as: Women's Med Center (see Exhibit A)
6. Letter dated 9-15-2010 to ODH requesting variance: Lebanon Road Medical Building LLC  
(Exhibit C3) Lebanon Road Surgery Center
7. Secretary of State website>Contribution Search Results>Haskell, Martin: Women's Medical  
{Exhibit C7 (5-31-2010, 9-25-2010, 10-11-2010) } Professionals

EXHIBIT C

**Lucinda Ellis**

---

**From:** DQA Certification & Licensure  
**Sent:** Friday, September 17, 2010 12:02 PM  
**To:** Debra McCann; Leslie Belle; Wanda Iacovetta; Lucinda Ellis; Karen Kuck  
**Cc:** DQA Certification & Licensure; Steve Summers; Chad Kowalski  
**Subject:** 0980AS LEBANON ROAD SURGERY CENTER - New Application

This e-mail confirms 0980AS LEBANON ROAD SURGERY CENTER is ready for their initial inspection.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com

E987 04ET 1000 054E 9007

**OFFICIAL USE**

Postage	\$0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$5.54</b>



Sent To: Dr. Alvin Jackson, Director  
 Street, Apt. No. or PO Box No.: OH Dept of Health  
246 N. High Street  
 City, State, ZIP+4: Columbus OH 43215

*Transfer Agreement*  
 0980 AS  
 OHL41447

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <b>SEP 27 2010</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><u>Dr. Alvin Jackson</u>  <u>Director</u>  <u>OH Dept of Health</u>  <u>246 N. High St.</u>  <u>Columbus OH</u>  <u>43215</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p><u>7006 3450 0001 1340 7883</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

C2

Valerie Haskell  
6650 Given Road  
Cincinnati, Ohio 45243  
(513) 272-0002

# 45918

SEP 27 2010  
OHIO DEPT. OF HEALTH  
2010 SEP 27 PM 1:11  
GENERAL COUNSEL

September 15, 2010

Dr. Alvin Jackson, Director  
Ohio Department of Health  
246 N. High Street  
Columbus, Ohio 43215

ROY  
SHANNON

To: DQA

OHIO DEPT OF HEALTH  
DQA-BCHCFS  
2010 SEP 28 P 3 17M

Dear Dr. Jackson:

I am writing on behalf of the Lebanon Road Medical Building LLC to request a variance in accordance with OAC 3701-83-14 of the hospital transfer agreement requirement [OAC 3701-83-19(E)] for the Lebanon Road Surgery Center (application pending), 11250 Lebanon Road, Cincinnati, OH.

We plan to fulfill the intent of the requirement through the following alternative means:

The Medical Director for the proposed facility, Martin Haskell, MD, has courtesy admitting privileges at The Jewish Hospital in Cincinnati. He has agreed to arrange for admission and care of any patients that may require transfer and hospitalization.

In addition, his associate Roslyn Kade, MD has ~~courtesy~~ admitting privileges at The Christ Hospital in Cincinnati. She will admit her own patients that may require transfer and hospitalization, and will provide this service for any other patients whenever Dr. Haskell may be out of town. Dr. Haskell and Dr. Kade arrange their schedules in such a manner that they are not both out of town simultaneously.

Attached are copies of their respective appointment letters. Also attached is a copy of the emergency protocol that will be used at the proposed facility. If you require any further information, please let me know.

Sincerely yours,

Valerie Haskell  
Managing Member  
Lebanon Road Medical Building, LLC

OHIO DEPT OF HEALTH  
DQA-BCHCFS  
2010 SEP 28 A 10:53

C3



**MEMORANDUM**

45918 jak

To: Alvin D. Jackson, M.D. *A)ms*  
 Director of Health

Through: Michele Shipp, M.D. *MS*  
 Assistant Director of Health

Through: ~~Anita Fete~~  
~~Office of Government Affairs~~ *any*

Through: Carol Ray, General Counsel *CR*

From: Rebecca S. Maust, Chief *RS*  
 Division of Quality Assurance

Subject: Request for Signature

Date: October 13, 2010

2010 OCT 21 P 2:01  
 OHIO DEPT OF HEALTH  
 DQA-BCHCFS

This is to request your review and approval on the attached paperwork from the Division of Quality Assurance.

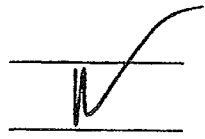
Please call 466-7857 when this paperwork has been signed.

**Subject of Document: Response to Variance request of Lebanon Road Medical Center LLC dba Lebanon Road Surgery Center**

FOR USE BY BUREAU STAFF

Supervisor:

Bureau Chief:



BCHCFS: Julie Keller

2010 OCT 13 A 11:50  
 OHIO DEPT OF HEALTH  
 DQA-OFIC OF THE DIV CHIEF

C4



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

OCT 21 2010

**FILE COPY**

OCT 21 2010 *(Signature)*

Ms. Valerie Haskell  
Lebanon Road Medical Building, LLC  
6650 Given Road  
Cincinnati, Ohio 45243

**Subject: Variance Request of Lebanon Road Medical Center LLC dba Lebanon Road Surgery Center**

Dear Ms. Haskell,

This letter is in response to your September 15, 2010, correspondence on behalf of Lebanon Road Medical Center LLC dba Lebanon Road Surgery Center requesting a variance from the transfer agreement requirement set forth in paragraph (E) of the Ohio Administrative Code ("O.A.C.") rule 3701-83-19. Paragraph (E) of O.A.C. rule 3701-83-19 requires every ambulatory surgery facility ("ASF") to "have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, or for other needs as they arise." However, O.A.C. rule 3701-83-14 gives me the discretion to grant a variance from the transfer agreement requirement upon a showing that an ASF meets the intent of the requirement in an alternate manner.

In your September 15, 2010 letter, you specifically identified Drs. Haskell and Kade as having admitting privileges at The Jewish Hospital (Dr. Haskell) and The Christ Hospital (Dr. Kade). You have provided evidence of each physician's appointment to the courtesy staff of these hospitals and this information along with admitting privileges of these two physicians has been verified by a member of my staff with each hospital's medical staff office. You have further provided a copy of the Lebanon Road Surgery Center Emergency Medical Protocol to be followed where a Lebanon Road Surgery Center emergency patient is in need of hospital services.

After reviewing your correspondence and evaluating the information contained therein, I find that the proposed alternative to a written transfer directly between the ASF and a hospital provides for the continuity of care and the timely and unimpeded acceptance and admission of the ASF's emergency patients at a Cincinnati area hospital. Because the intent of the transfer agreement requirement is being met in an alternative manner, I hereby grant Lebanon Surgery Center a conditional variance from the requirement. This variance is conditioned upon: 1) the continued association with Lebanon Road Surgery Center of the two physicians named with admitting privileges to a Cincinnati area hospital; 2)

CS

Lebanon Road Surgery Center

Subject: Variance Request of Lebanon Road Medical Center LLC dba Lebanon Road Surgery Center

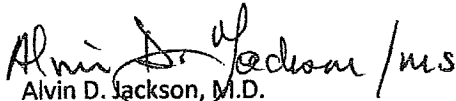
Page 2

the strict adherence to the Lebanon Road Surgery Center Emergency Protocol by all staff of the ASF; 3) the continued provision of timely and quality back-up emergency care by the physicians who provide services at this ASF; and 4) the provision of the letters of courtesy staff reappointments to The Jewish Hospital and The Christ Hospital medical staff as approved by the respective hospitals' medical staff offices.

Should the reappointment letters not be provided to this department in a timely manner, this variance will no longer be valid after September 30, 2011, the expiration date for the current privileges for Dr. Haskell at The Jewish Hospital. It is noted that the current privileges for Dr. Kade at The Christ Hospital expire February 28, 2012, at which time a reappointment letter must be sent to this department.

If you have any questions concerning this matter, please contact Roy Croy, R.S., C.P.H.Q., Chief of the Bureau of Community Health Care Facilities and Services, at (614)387-0801.

Sincerely,

  
Alvin D. Jackson, M.D.  
Director of Health

Contribution Search Results

<u>Contributor Name A</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Pac Reg No</u>	<u>Contribution Date</u>	<u>Amount</u>	<u>Event Date</u>	<u>Employer/Occupation</u>	<u>Committee</u>
<u>HASKELL MARTIN</u>	PO BOX 43100	CINCINNATI	OH	45243-0100	-	10/11/2010	\$2,500.00	10/08/2010	PHYSICIAN WOMEN'S MEDICAL PROFESSIONALS	<u>STRICKLAND FOR GOVERNOR</u>
<u>HASKELL MARTIN</u>	PO BOX 43100	CINCINNATI	OH	45243-0100	-	09/25/2010	\$1,000.00	09/16/2010	PHYSICIAN WOMEN'S MEDICAL PROFESSIONALS	<u>STRICKLAND FOR GOVERNOR</u>
<u>HASKELL MARTIN</u>	PO BOX 43100	CINCINNATI	OH	45243-0100	-	05/31/2010	\$250.00	05/27/2010	PHYSICIAN WOMEN'S MEDICAL PROFESSIONALS	<u>STRICKLAND FOR GOVERNOR</u>
<u>HASKELL MARTIN</u>	5711 CRAIGMONT CT	DAYTON	OH	45424	-	11/10/2004	\$5.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN</u>	5711 CRAIGMONT CT	DAYTON	OH	45424	-	11/22/2004	\$5.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN</u>	6650 GIVEN RD	CINCINNATI	OH	45243-2845	-	10/10/2006	\$2,000.00	10/03/2006	WOMEN'S MEDICAL PROFESSIONALS	<u>STRICKLAND FOR GOVERNOR</u>
<u>HASKELL MARTIN</u>	5711 CRAIGMONT CT	DAYTON	OH	45424	-	10/26/2004	\$5.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	12/10/2001	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	03/05/2002	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	03/22/2002	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	04/09/2002	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	02/22/2002	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	01/04/2002	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>
<u>HASKELL MARTIN E</u>	5711 CRAIGMONT CT	HUBER HTS	OH	45424	1814	01/10/2002	\$4.00	-	OEA	<u>OHIO EDUCATION ASSOC FUND FOR CHILDREN AND PUBLIC EDUCATION</u>

C7

### Time Line

Date	Action	Agency	Amount
5/27/2010	Donation to Strickland fro Governer	Haskell	\$250.00
6/17/2010	Initial Application Sent	Haskell	
6/25/2010	Apprilcation Received	ODH/DQA	
9/15/2010	Request for Variance Dated	Haskell	
9/16/2010	Donation to Strickland fro Governer	Haskell	\$1,000.00
9/17/2010	E-mail confirming initial inspection	ODH/DQA	
9/23/2010	Request for Variance Sent	Haskell	
9/27/2010	Request for Variance Received	ODH	
10/7/2010	Inittial Inspection	ODH	
10/8/2010	Donation to Strickland fro Governer	Haskell	\$2,500.00
10/13/2010	Memo Thru ODH for Approval	ODH	
10/21/2010	Letter from ODH Granting Variance	ODH	



**The Jewish Hospital  
Medical Staff Office  
4777 E. Galbraith Road  
Cincinnati, OH 45236  
Phone: 513-686-5447  
Fax: 513-686-5448**

---

September 23, 2009

W. Martin Haskell, MD  
P. O. Box 43100  
Cincinnati, OH 45243

Dear Dr. Haskell:

It gives us the utmost pleasure on behalf of the Board of Trustees to inform you that your reappointment to the Medical Staff of Jewish Hospital of Cincinnati has been approved. Your staff status is Courtesy in the Department of Family Practice. This appointment is effective 10/1/2009 and remains valid through 9/30/2011.

The Jewish Hospital continues in cooperation with you, its Medical Staff, the quest of providing an environment for the delivery of health care which is second to none.

We welcome and solicit your ideas, observations, and suggestions on how we can further enhance this successful partnership.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Smith".

Nancy Smith, Coordinator  
Medical Staff Office  
The Jewish Hospital of Cincinnati

ns



2139 Auburn Avenue  
Cincinnati, Ohio 45219  
Tel. (513)-585-2221  
Fax: (513)-585-3293

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February 23, 2010

Roslyn G. Kade, M.D.  
71 E. Hollister St.  
Cincinnati, OH 45219

RE: Reappointment (Cycle: 3/1/2010 - 2/28/2012)

Dear Dr. Kade,

Effective 3/1/2010, the Board of Directors has approved your two-year reappointment to the Medical Staff of The Christ Hospital. Privileges have been approved as requested.

In accordance with the Medical Staff Bylaws, Rules & Regulations, this reappointment is subject to the same terms and conditions as those of your initial appointment and/or previous reappointment.

Thank you for your cooperation during the recredentialing process.

Sincerely,

Susan Croushore  
President and CEO

The Christ Hospital  
 DELINEATION OF PRIVILEGES

Department: FAMILY MEDICINE

Provider: ROSLYN G. KADE, M.D.

ELIGIBILITY REQUIREMENT

To be eligible for privileges in the Department of Internal Medicine, practitioners who completed a residency training program after 1989 must be Board Eligible/Certified by the American Board of Internal Medicine. Applicants in Internal Medicine Subspecialty areas must have completed in ACGME-Approved Fellowship Training Program and be Board Eligible/Certified in that Specialty.

<input checked="" type="checkbox"/>	<b>ADMIT PATIENTS - admit, treat patients to inpatient services, and direct the course of treatment</b>
	<b>MODERATE SEDATION - (Refer to Comprehensive Intravenous Administrative Sedation Policy #2.11.109 for additional information):</b> <ul style="list-style-type: none"> <li>Physicians applying for <u>initial privileges</u> should provide evidence (e.g. letter from residency/fellowship director, syllabus) that they have received training in the techniques of moderate and (where applicable) deep sedation.</li> <li>Physicians performing moderate sedation only must demonstrate <u>ongoing maintenance</u> of competence and knowledge by satisfying <u>one or more of the requirements listed below</u> during the appointment/reappointment process:           <ul style="list-style-type: none"> <li>Specialty board certification in Critical Care Medicine, Anesthesiology, or Emergency Medicine.</li> <li>Current certification as an ACLS, ATLS or PALS provider with special attention to information regarding indications, dosing and adverse effects of narcotic and benzodiazepine reversal agents that is contained in the respective provider manuals. The sections on airway management techniques should be mastered.</li> <li>At least 5 hours of CME directly related to Sedation principles and practice during the current biennial reappointment period.</li> <li>Perform 75 or more uncomplicated procedures in which sedation is used during the previous 24 months.</li> <li>View "Sedation and Analgesia by Nonanesthesiologists" Videotape published by the American Society of Anesthesiologists, and obtain a score of 80% or better on the post-test.</li> </ul> </li> </ul>
	<b>BIOPSIES</b>
	Bone marrow biopsy
	Pleural biopsy, closed
	Skin biopsy
	<b>ENDOSCOPY</b>
	Flexile Sigmoidoscopy/Biopsy— 15 cases in hospital setting. Physicians currently performing this procedure in their office may submit 25 office case reports
	<b>FAMILY PRACTICE PRIVILEGES</b>
	Lumbar puncture
	Paracentesis, abdominal
	Subclavian vein catheterization
	Thoracentesis
	Arterial puncture & cannulation
	Arthrocentesis
	Bone marrow aspiration/biopsy
	Endotracheal intubation
	Internal jugular vein catheterization
	<b>NORMAL NEWBORN/PEDIATRIC PRIVILEGES</b>
	Normal, uncomplicated newborn care
	Medical management of diseases & illnesses in children

Note: Review privileges X = Keep/Add Privilege N = Delete Privilege

D3



	Enter Date		Initials	
	Started	Competent	Mgr	Emp
<b>f) Lab</b>				
Reread entire <i>Laboratory Procedures Manual</i>				
View video <i>CLIA Compliance Guide</i>				
Logs outside lab tests out and records results when received				
Routes results to physician and calls if critically abnormal				
Supervises quarterly proficiency tests				
Maintains all laboratory equipment, arranges for repairs if necessary				
Trains and supervises personnel in laboratory procedures				
Maintains Laboratory Training Records				
Maintains laboratory records archive				
Performs record keeping, audit and quality assurance activities according to <i>Laboratory Procedures Manual</i>				
Maintains currency with CLIA regulations				
<b>g) Workplace Safety</b>				
View HCLS video <i>H-29 VT 3.0</i>				
Retake complete Employee Safety Training				
Performs workplace safety monitoring				
Maintains daily Bloodborne Pathogen and Safety Logs				
Checks nitrous hoses weekly				
Performs leak testing for nitrous system quarterly				
Turns gas monitor alarm on/off on surgery days				
Completes Safety Equipment Checklist monthly				
View HCLS video <i>Train the Trainer #5V/G.I.</i>				
Trains and monitors all employees in safety procedures				
Maintains currency with OSHA and EPA regulations				
Performs annual retraining of staff in safety procedures				
Arranges and supervises CPR training for medical staff				
Arranges and supervises fire suppression training for all staff				
Maintains health, safety and training records for employees (immunizations, testing, work related injuries, accident reports)				
Understands resources available from HCLS				
Maintains EPA compliance records				
Performs record keeping, audit and quality assurance activities detailed in <i>Employee Safety Handbook</i>				

D4



The Christ Hospital  
DELINEATION OF PRIVILEGES

Department: FAMILY MEDICINE

Provider:

NORMAL OBSTETRICAL PRIVILEGES	
	<p>Normal OB privileges for the care of uncomplicated pregnant patients with spontaneous or elective low forceps delivery (baby crowning).</p> <p>Criteria for family practitioners have been established by the Department of Obstetrics &amp; Gynecology. The following criteria should be met to provide routine obstetrical care if normal OB privileges are desired</p> <ol style="list-style-type: none"> <li>1 Must demonstrate involvement as the primary care physician in at least 30 normal deliveries during the past 24 months. (Note: This means after the family practitioner has finished a 3-year ACGME accredited family practice residency program).</li> <li>2 Privileges include being able to perform normal spontaneous vaginal deliveries including antepartum and postpartum care, episiotomy and repair of first and second-degree extensions, minor vaginal and cervical lacerations, pudendal and paracervical block, circumcisions and normal labor.</li> <li>3 Consultation or referral should be obtained from an obstetrician and gynecologist in high-risk obstetrical patients.           <p>Examples of consultation and referrals are the following:</p> <ol style="list-style-type: none"> <li>A Mandatory Referral (Primary Management by Obstetrician)               <ul style="list-style-type: none"> <li>• Multiple Gestations</li> <li>• Pre-term Labor &lt; 34 weeks</li> <li>• Any Condition Requiring Cesarean Section</li> <li>• Persistent Malpresentation</li> <li>• Placenta Previa</li> <li>• Placenta Abruption</li> <li>• Severe Pregnancy Induced Hypertension</li> <li>• Eclampsia</li> <li>• Significant Congenital Anomalies</li> </ul> </li> <li>B Mandatory Consultation (Joint Management by Family Practice and Obstetrician is Acceptable)               <ul style="list-style-type: none"> <li>• Intrapartum Fetal Heart Rate Abnormalities</li> <li>• Third and Fourth Degree Perineal Lacerations</li> <li>• Gestational Diabetes (Class A)</li> <li>• Medical and Surgical Complications of Pregnancy</li> <li>• Oxytocin Labor Augmentation</li> <li>• Induction of Labor</li> <li>• Management of Mild Preeclampsia</li> <li>• Vaginal Delivery After Previous Cesarean Section</li> <li>• Postpartum Hemorrhage</li> <li>• Abnormal Labor</li> <li>• Any Abnormal Antepartum Fetal Surveillance Test</li> <li>• Intrauterine Growth Retardation</li> <li>• Post Dates Pregnancy</li> <li>• Oligohydramnios or Polyhydramnios</li> <li>• Fetal Death in Utero</li> <li>• Prior Pre-term Labor &amp; Delivery or Unexplained Fetal Wastage</li> </ul> </li> </ol> </li> </ol> <p>The above is not an exhaustive listing and it is assumed that the Family Physician will exercise due diligence and refer to or consult his/her Obstetrics Consultant with regards to any other prenatal complications which in the eyes of the Family Physician managing a given patient, may pose a problem during her pregnancy or delivery.</p> <ol style="list-style-type: none"> <li>4 Each Family Physician or Family Practice Group requesting grant of routine obstetrics privileges, will provide a copy of a written agreement with an Obstetrician and Gynecologist or OB/GYN group confirming their willingness to provide consultative, emergency, and operative obstetric care.</li> </ol> <p>If the above requirements are met and the clinician is deemed a candidate for privileges in routine obstetrics at The Christ Hospital, the candidate will then enter a one-year probationary period. If, after this one-year probationary period, there is agreement among the Credentials Committee, the Director of the Department of Obstetrics and Gynecology, the Director of the Department of Family Medicine and the clinician, these privileges will become permanent privileges</p>

Note: Review privileges X = Keep/Add Privilege N = Delete Privilege

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