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Summary of Services and Availability (by location)

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as <u>NOT</u> having a privilege/service available, you will <u>NOT</u> be considered for that privilege at that individual facility. Any request made that is identified as <u>not available</u> at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

"x" means Privilege is Available at that location.

"C" means contractual arrangement restricts granting this privilege.

"N/A" means Privilege Not Available at that location.

Facility Codes:

USDY=UPMC Shadyside

| Privilege | USDY |
|---|------|
| Core privileges - Adult | X |
| Core privileges – Pediatric | N/A |
| Core privileges – Well-baby | N/A |
| Core privileges – Obstetrics and Gynecology | X |
| Consultation privileges | X |
| CARDIOLOGY | |
| Cardiac pacemaker, Temporary | |
| External | N/A |
| Venous | N/A |
| Cardioversion | X |
| Central venous line placement | |
| Femoral route | X |
| Internal jugular route | X |
| Subclavian route | X |
| Echocardiography | N/A |
| Elective electrical cardioversion | N/A |
| Holter monitoring with interpretation | N/A |
| Stress Testing | N/A |
| Temporary Transvenous cardiac pacing | N/A |
| CRITICAL CARE MEDICINE | |
| Elective endotracheal intubation | N/A |
| Endotracheal Intubation | N/A |
| Transtracheal aspiration | N/A |
| NEEDLE BIOPSY OF | |
| Breast | X |

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| Duivilogo | USDY | |
|---|------------|--|
| Privilege | CSD1 | |
| Bone | X | |
| Bone marrow | X | |
| Pleura | X | |
| Superficial | X | |
| ENDOSCOPY W/ OR W/O BIOPSY | | |
| Colonoscopy | N/A | |
| Colposcopy | N/A | |
| Esophogogastroduodenoscopy | N/A | |
| Sigmoidoscopy (flexible and/or rigid) | N/A | |
| SEDATION | | |
| Intercostal Block | N/A | |
| Moderate Sedation | X | |
| Nerve Block | N/A | |
| SPECIAL STUDIES, NON-INVASIVE AND | | |
| OTHER PROCEDURES | N7 | |
| Arterial catheter placement or cannulation | X | |
| Aspiration of breast cyst | | |
| Bone marrow aspiration | X N/A | |
| Esophageal dilation | N/A N/A | |
| Laryngoscopy (direct or indirect) | N/A N/A | |
| Myringotomy, acute, infectious | N/A N/A | |
| Osteopathic Manipulative Therapy (OMT), when under anesthesia | IN/A | |
| Paracentesis (abdominal) | X | |
| Pericardiocentesis | X | |
| Pulmonary Function testing with interpretation | X | |
| Sleep medicine | N/A | |
| Thoracentesis | X | |
| TPN Management | X | |
| Venous cut down | X | |
| HOSPITALIST | | |
| General Family Medicine Disease Management | X | |
| Arterial line placement | X | |
| Arthrocentesis | X | |
| CVP line placement | X | |
| Endotracheal Intubation | N/A | |
| Lumbar puncture | X | |
| Paracentesis | X | |
| PICC line placement | X | |
| Skin biopsy | X | |
| Thoracentesis | X | |
| Tracheostomy | X | |
| MANAGEMENT OF OBSTETRICS | | |
| Administration of Pudendal anesthesia | N/A | |

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| Privilege | USDY |
|--|------|
| Amniocentesis | N/A |
| Amnioinfusion | N/A |
| Ante-partum testing [NST, CST (oxytocin or nipple stimulated), fetal monitoring] | N/A |
| VBAC | N/A |
| Outlet and low forceps delivery | N/A |
| External cephalic version | N/A |
| Cesarean section | N/A |
| Vacuum Extraction | N/A |
| Repair of third degree lacerations | N/A |
| Fourth degree laceration repair | N/A |
| Pitocin induction of labor | N/A |
| Pitocin augmentation of labor | N/A |
| PROM greater than 34 weeks | N/A |
| Prostaglandin cervical ripening | N/A |
| Post partum curettage | N/A |
| Post partum tubal ligation | N/A |
| Vaginal delivery, Normal | N/A |
| Use of the unit ultrasound machine for limited exams | N/A |
| MANAGEMENT OF GYNECOLOGICAL DISORDERS | |
| Bartholin cyst - excision or marsupialization | Х |
| Cervical Polypectomy | Х |
| Colposcopy and biopsy of vulva, vagina, or cervix | Х |
| Cryotherapy of vulva, vagina, or cervix | Х |
| Endometrial Aspiration | Х |
| Essure Procedure | Х |
| Fluoroscopy (Certificate Required) | Х |
| IUD Insertion and Removal | Х |
| Laser for External Use (Vulvar, Vaginal, and Cervical Treatment) | X |
| Proctosigmoidoscopy, with or without biopsy | Х |
| Subcutaneous contraceptive implant insertion and removal | X |
| PEDIATRICS | |
| Bone marrow biopsy | Х |
| Circumcision (pediatric or neonatal) | N/A |
| Lumbar Puncture | X |
| Meatotomy | N/A |
| Neonate management, >34 week gestation not requiring intubation | N/A |
| Neonate management, <34 week gestation | N/A |
| Neonatal resuscitation | Х |
| Moderate sedation | X |
| Deep sedation | N/A |

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| Privilege | USDY |
|---|------------|
| | N/A |
| Sigmoidoscopy | N/A N/A |
| Skin biopsy | |
| Suture external ear | X |
| Thoracentesis | X |
| Umbilical vein catheterization | Х |
| Urethral catheterization | Х |
| SURGERY | |
| Aspiration & injection of joints and bursae | Х |
| Debridement and repair of acute lacerations, w/o | X |
| tendon major vascular, nerve or deep muscle | |
| involvement | |
| Fulguration benign uncomplicated skin lesions | X |
| I & D Thrombosed hemorrhoids | X |
| Surgery of uncomplicated toenail & fingernail | Х |
| pathology | |
| Uncomplicated removal of corneal foreign bodies | X |
| UROLOGY | |
| Circumcision, Adult | N/A |
| Suprapubic aspiration for urine | X |
| Suprapubic bladder needle drainage | Х |
| Urethral catheterization | Х |
| Vasectomy | N/A |
| PSYCHIATRY | |
| Management of serious psychiatric conditions | Х |
| including suicidal & homicidal patients | |
| Management of effect of disease on emotional status; | Х |
| alcohol/drug addiction patient; marital, family, or | |
| sexual counseling; counseling of family & patients w/ | |
| fatal disease; and depressed patients unless severe or | |
| suicidal; includes recognition of schizophrenia or | |
| paranoia- includes management of psychological disorders/ hostile patient | |
| Buprenorphine | X |
| · · · | X |
| Hypnosis | N/A |
| TELEMEDICINE | 1V/A |

Revised: 2/27/14