

# MEDICAL EXECUTIVE COMMITTEE MEETING SUMMARY

## September, 2008

Following is a summary of Medical Executive Committee recommendations to the Board of Trustees:

### A. MEDICAL STAFF TRANSFERS:

1. Acknowledge the resignation of Michael Berneking, MD, effective immediately.
2. Approve Robert Evans, MD, for advancement to Attending staff status.

### B. RECOMMENDED APPOINTMENTS TO THE MEDICAL STAFF:

Claude Adriatico, MD, anesthesiology

### C. OTHER:

1. Approve Dr. Maher's recommendation to remove Melissa Asgaonkar, MD, from focused professional practice evaluation.
2. Approve Carlton Lyons, MD, for removal of provisional status in the use of the DVSP.
3. Approve John Haskin, MD, for additional privileges in child and adolescent psychiatry.
4. Approve revised Family Medicine core privileging form.
5. Approve revised Palliative Medicine core privileging form.
6. Approve Dr. Betsy Rossow's request for additional privileges in moderate sedation.
7. Approve proposed revision to Section D.1.a. of the Medical Staff Rules and Regulations regarding consultations as follows:

#### D. CONSULTATIONS

1. Consultations are required in the following situations:
  - a. Obstetrics and Gynecology:
    - Operations for the interruption of pregnancy prior to viability of the fetus shall require consultation with maternal-fetal medicine.
    - For "non-specialists" in the field of Obstetrics-Gynecology in the following cases:
      - **High risk pregnancy, including, but not limited to breech births, multiple pregnancy, and VBAC**
      - Moderate or severe pre-eclampsia or eclampsia.

- Proposed induction of labor, whether medical or surgical.
  - Hemorrhage.
  - Fetal malposition.
  - Prolonged labor.
  - Cervical incision, version and extraction, craniotomy and embryotomy.
  - Patients under or equal to 32 weeks gestation admitted with preterm labor or premature rupture of membranes.
  - Any operative procedure other than the perineal phase (**crowning**) of outlet forceps or vacuum extraction, with or without episiotomy.
  - All cases of **severe toxemia and** sepsis, either puerperal or abortal.
  - Any vaginal birth following cesarean section or other uterine scar.
  - Anesthesia will be notified and available for all breeches **births**, ~~twin~~ **multiple gestations pregnancies**, and vaginal deliveries following cesarean section or other uterine scar.
- With a member of the Obstetrical Staff in the management of pregnant patients hospitalized by a physician without obstetrical privileges for medical or non-obstetrical surgical procedures.
8. Approve revisions to the Medical Staff Executive Fund Policy and Procedure to describe the payment of medical staff dues, disbursements, and the process for paying stipends.