



Non-Hospital Medical and Surgical Facilities Accreditation Program

Policy

Appropriate Surgical Uterine Evacuation Procedures for Non-Hospital Facilities

PURPOSE

This policy supports the Non-Hospital Medical and Surgical Facilities Accreditation Program's (NHMSFAP) mission to serve the public by regulating non-hospital facilities. The intention of the NHMSFAP in this policy is to ensure patient safety by clarifying surgical uterine evacuation procedures that are appropriate for non-hospital facilities.

POLICY

Procedures up to 13 weeks + 6 days

The following surgical uterine evacuation procedures are appropriate up to 13 weeks + 6 days when performed by general practitioners or specialty physicians who possess the requisite training for privileges as outlined in the British Columbia Medical Quality Initiative (BC MQI) dictionaries:

- termination of pregnancy (abortion)
- management of miscarriage
- non-viable pregnancy
- retained products of conception

Procedures up to 17 weeks + 6 days

The following surgical uterine evacuation procedures are appropriate between 14 weeks and 17 weeks + 6 days when performed by general practitioners or specialty physicians who possess the requisite training for privileges as outlined in the BC MQI dictionaries:

- abortion
- non-viable pregnancy

General practitioners with training as outlined in the BC MQI dictionaries may apply for privileges to perform procedures from 14 weeks up to 17 weeks + 6 days. The facility must demonstrate community need and gynecology coverage by providing letters of support from the local health authority and the local gynecology group.

Gestational trophoblast disease (GTD)

Surgical uterine evacuation procedures for known GTD are not appropriate for the non-hospital setting.