



Printed Name

Clinical Privileges Profile Orthopedic Surgery

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the “Requested” box for each privilege requested. 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.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ORTHOPEDIC SURGERY

To be eligible to apply for core privileges in orthopedic surgery, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in orthopedic surgery.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at least 100 orthopedic procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in orthopedic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 orthopedic 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

ORTHOPEDIC SURGERY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages to correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR SURGERY OF THE HAND

To be eligible to apply for core privileges in surgery of the hand, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in orthopedic, plastic or general surgery and successful completion of an accredited fellowship in surgery of the hand.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification within specified specialty (i.e. orthopedics, plastic surgery or general surgery).

OR

Current subspecialty certification in surgery of the hand by either the American Board of Surgery, or Plastic Surgery; or Certificate of Added Qualifications in Surgery of the Hand by the American Board of Orthopedic Surgery; or Certificate of Added Qualifications in Hand Surgery by the American Osteopathic Board of Orthopedic Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of surgery on the internal structures of the hand and related structures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in surgery of the hand, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 20 surgical 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

SURGERY OF THE HAND CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with injuries and disorders of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical and rehabilitative means. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR ORTHOPEDIC SURGERY OF THE SPINE

To be eligible to apply for core privileges in orthopedic surgery of the spine, the initial applicant must meet the following criteria:

Meet criteria for orthopedic surgery, plus successful completion of an accredited fellowship in orthopedic surgery of the spine.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of surgery of the spine procedures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in orthopedic surgery of the spine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 surgical 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

ORTHOPEDIC SURGERY OF THE SPINE CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with spinal column diseases, disorders, and injuries by medical, physical, and surgical methods including the provision of consultation. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

PERCUTANEOUS LUMBAR DISCECTOMY (PLD)

Criteria: Successful completion of an ACGME or AOA residency or fellowship training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology,

interventional radiology, or pain medicine. Applicants must provide evidence that the training program included fluoroscopy and discography. In addition, applicants should have completed a training course in the PLD method for which privileges are requested.

Required previous experience: Demonstrated current competence and evidence of the performance of at least two procedures in the PLD method for which privileges are requested in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 2 procedures in the PLD method for which privileges are requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

BALLOON KYPHOPLASTY

Criteria: Successful completion of an ACGME- or AOA-accredited residency program in radiology, neurosurgery or orthopedic surgery that included training in balloon kyphoplasty. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a Kyphon company representative. Applicants must also have completed training in radiation safety.

Required previous experience: Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the insertion of artificial discs.

Required previous experience: Demonstrated current competence and evidence of the performance within the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least two ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation.

CORE PROCEDURE LIST

This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Orthopedic Surgery

1. Amputation surgery including immediate prosthetic fitting in the operating room
2. Arthrocentesis, diagnostic
3. Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
4. Arthrography
5. Arthroscopic surgery
6. Biopsy and excision of tumors involving bone and adjacent soft tissues
7. Bone grafts and allografts
8. Carpal tunnel decompression
9. Closed reduction of fractures and dislocations of the skeleton
10. Debridement of soft tissue
11. Excision of soft tissue/bony masses
12. Fasciotomy and fasciectomy
13. Fluoroscopy (must have a signed attestation on file)
14. Fracture fixation
15. Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures
16. Ligament reconstruction
17. Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
18. Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
19. Management of infectious and inflammations of bones, joints and tendon sheaths
20. Muscle and tendon repair
21. Open and closed reduction of fractures
22. Open reduction and internal/external fixation of fractures and dislocations of the skeleton excluding spine
23. Orthotripsy
24. Perform history and physical exam
25. Reconstruction of nonspinal congenital musculoskeletal anomalies
26. Removal of ganglion (palm or wrist; flexor sheath)
27. Total joint replacement revision
28. Total joint surgery

Surgery of the Hand (as a subspecialty of Orthopedic Surgery)

1. Arthroplasty of large and small joints, wrist or hand, including implants
2. Bone graft pertaining to the hand
3. Carpal tunnel decompression
4. Fasciotomy and fasciectomy
5. Fracture fixation with compression plates or wires
6. Open and closed reductions of fractures
7. Perform history and physical exam
8. Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc
9. Repair of lacerations
10. Repair of rheumatoid arthritis deformity
11. Skin grafts
12. Tendon reconstruction (free graft, staged)
13. Tendon release, repair and fixation
14. Tendon transfers
15. Treatment of infections

Orthopedic Surgery of the Spine (as a subspecialty of Orthopedic Surgery)

1. Assessment of the neurologic function of the spinal cord and nerve roots
2. Endoscopic minimally invasive spinal surgery
3. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
4. Lumbar puncture
5. Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine
6. Perform history and physical exam
7. Scoliosis and kyphosis instrumentation
8. Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies

ACKNOWLEDGEMENT OF PRACTITIONER

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

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

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. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____