

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

HAND SURGERY



Your home for healthcare

Physician Name: _____

Hand Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting privileges in hand surgery:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in general, orthopedic, or plastic surgery and successful completion of an accredited fellowship in surgery of the hand and/or current subspecialty certification in surgery of the hand

AND

- Current active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in surgery of the hand by the ABS or the ABPS or completion of a CAQ in surgery of the hand by the ABOS or in hand surgery by the AOBOS. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification.*)

Required current experience:

- At least 25 surgical procedures on the internal structures of the hand and related structures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME-or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in surgery of the hand, the applicant must have current demonstrated competence and an adequate volume of experience (50 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Core Privileges: Core privileges for hand surgery include the ability to admit, evaluate, diagnose, treat, and provide consultation (includes investigation, preservation, and restoration) to patients of all ages by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			Core privileges include but are not limited to: <ul style="list-style-type: none"> • Performance of history and physical exam • Wound closure, including skin grafts, tissue flaps (local, regional, and distant), and free microvascular tissue transfer • Management of fingertip injuries • Tenorrhaphy, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis • Tendon transfer and balancing • Nerve repair and reconstruction, including upper extremity peripheral nerves, nerve graft, neurolysis, neuroma management, and nerve decompression and transposition • Management of fractures and dislocations, including phalangeal or metacarpal, with and without internal fixation; carpus, radius, and ulna with and without internal fixation; and injuries to joints and ligaments • Bone grafts and corrective osteotomies • Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without

			implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid arthritis or other injury management of arthritis <ul style="list-style-type: none"> • Joint repair and reconstruction, including contracture release and management of stiff joints • Tendon sheath release • Thumb reconstruction, including pollicization, toe-hand transfer, and thumb metacarpal lengthening • Osteonecrosis, including Klinefelter's disease • Management of tumors of the bone and soft tissue • Dupuytren's contracture • Replantation and revascularization • Amputation (related to hand/upper extremity) • Fasciotomy, deep incision and drainage for infection, and wound debridement • Management of congenital deformities, including syndactyly, polydactyly, radial aplasia, and others • Management of upper extremity vascular disorders and insufficiencies • Foreign body and implant removal • Treatment of thermal injuries • Arthroscopy • Upper extremity pain management 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests in hand surgery include.			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.	<input type="checkbox"/>
	<input type="checkbox"/>
	Non-Core
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date _____

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation
Notes:

Department Chair/Chief Signature

Date _____