

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### ORTHOPEDIC SURGERY



*Your home for healthcare*

**Physician Name:** \_\_\_\_\_

### Orthopedic Surgery Core Privileges

#### Qualifications

Minimum threshold criteria for requesting privileges in orthopedic surgery:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA accredited residency in orthopedic surgery

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in orthopedic surgery by the ABOS. (*\*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 for Initial Application:

- At least 100 general orthopedic procedures, including procedures for trauma and fractures of the hips and knees, of the shoulders and elbows, of the feet and ankles, of the spine, of the hand, and musculoskeletal oncology procedures, reflective of the scope of privileges requested, during the past 12 months, or the demonstrated 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 core privileges in orthopedic surgery, applicants must demonstrate competence and an adequate volume of 50 orthopedic procedures, including procedures for trauma and fractures of the hips and knees, of the shoulders and elbows, of the feet and ankles, of the spine, of the hand, and musculoskeletal oncology 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"/>	
<p><b>Core Privileges:</b> Core privileges for orthopedic surgery include the ability to 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, knees, hips, shoulders, and elbows, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Performance of history and physical</li> <li>• Hips and knees:               <ul style="list-style-type: none"> <li>○ Amputation surgery, including immediate prosthetic fitting in the operating room; Arthrocentesis, diagnostic; Arthrodesis, osteotomy, and ligament reconstruction of the major peripheral joints (excluding total replacement of joints); Arthrography; Arthroscopy; Bone grafts and allografts; Closed reduction of fractures and dislocations; Debridement of soft tissue; Excision of soft tissue/bony masses; Fasiotomy and fasciectomy; Fracture fixation; Joint replacement, including minimally invasive techniques (excludes hip resurfacing); Ligament reconstruction; Management of infections and inflammations of bones, joints, and tendon sheaths; Muscle and tendon repair;</li> </ul> </li> </ul>

Physicians may provide care to patients in the intensive care setting in conformity with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

- Open reduction and internal/ external fixation of fractures and dislocations of the skeleton; Reconstruction of nonspinal congenital musculoskeletal anomalies; Treatment of cartilage injuries (e.g., autologous chondrocyte implantation [ACI] and osteoarticular transfer system [OATS]); Treatment of trauma
- Shoulders and elbows
  - Amputation surgery, including immediate prosthetic fitting in the operating room; Arthrocentesis, diagnostic bone graft; Arthroscopy; Joint replacement ([includes] minimally invasive techniques); Closed reduction of fractures and dislocations; Muscle and tendon repair; Open reduction and internal/external fixation of fractures and dislocations; Debridement of soft tissue; Excision of soft tissue/bony masses; Fasciotomy and fasciectomy, and dislocations
- Foot and ankle
  - Amputation surgery, including immediate prosthetic fitting in the operating room; Arthroscopy; Treatment of trauma; Joint replacement ([includes] minimally invasive techniques); Closed reduction of fractures and dislocations; Muscle and tendon repair; Open reduction and internal/external fixation of fractures and dislocations; Debridement of soft tissue; Excision of soft tissue/bony masses; Fasciotomy and fasciectomy; Treatment of cartilage injuries (e.g., ACI and OATS)
- Hand
  - Arthroplasty of large and small joints, wrist, or hand; Amputation surgery, including immediate prosthetic fitting in the operating room; Arthrocentesis; Diagnostic bone graphing and Allographs; Nerve decompression; Fasciotomy and Fasciectomy; Fracture fixation with compression plates or wires; Neuroorrhaphy; Closed reductions of fractures and dislocations; Removal of soft tissue mass, ganglion on the palm or wrist, flexor sheath, etc.; Repair of lacerations; Repair of rheumatoid arthritis deformity
- Skin grafts
- Spine
  - Assessment of the neurologic function of the spinal cord and nerve roots; Interpretation of imaging studies of the spine; Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine; Treatment of extensive trauma; Open reduction and internal/external fixation of fractures and dislocations of the skeleton; Closed reduction of fractures and dislocations
- Musculoskeletal oncology
  - Detection of tumors through various imaging techniques, including x-ray, MRI, and bone scan procedures; Tumor resection with local treatment; Tumor resection with major limb reconstruction or amputation; Biopsy and excision of tumors involving bone and adjacent soft tissues
- Use of laser
- Growth disturbances such as injuries involving plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, or bone shortening or lengthening procedures

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
<b>Refer-and-follow privileges</b>			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	
<b>Hand Clinical Fellowship – 6 month fellowship and/or CAQ Training</b>			<ul style="list-style-type: none"> <li>• Implants</li> <li>• Nerve graft</li> <li>• Wrist arthroscopy</li> <li>• Endoscopic carpal tunnel release</li> <li>• Micro-vascular surgery</li> <li>• Replants</li> <li>• Free flaps</li> <li>• Complex RA surgery</li> <li>• Tendon reconstruction (free graft, staged)</li> <li>• Tendon transfers</li> </ul>	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
<b>Non-Core Privileges</b> 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 orthopedic surgery include.			<input type="checkbox"/> Hip resurfacing	<p><b>New Applicant:</b> Applicants must have completed an ACGME-/AOA-accredited training program in orthopedic surgery followed by completion of specialized training in hip resurfacing. It is recommended that a surgeon experienced in the hip resurfacing procedure proctor an applicant's initial cases.</p> <ul style="list-style-type: none"> <li>• Applicants must be able to demonstrate that they have performed at least 10 hip resurfacing procedures in the past 12 months.</li> <li>• A letter of reference should come from the director of the applicant's hip resurfacing training program. Alternatively, a letter of reference regarding competence should come from the chief of orthopedic surgery at the institution at which the applicant most recently practiced.</li> </ul> <p><b>Reappointment:</b> Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 10 hip resurfacing procedures annually over the reappointment cycle.</p>
			<input type="checkbox"/> Percutaneous lumbar discectomy	<p><b>New Applicant:</b> Applicants must have completed an ACGME/American Osteopathic Association (AOA)-accredited 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.</p> <ul style="list-style-type: none"> <li>• Applicants must be able to demonstrate that they have performed in the past 12 months at least five procedures in the PLD method for which privileges are requested.</li> <li>• A letter of reference from the director of the applicant's training program that included discography and/or from the director of the applicant's PLD training program. Alternatively, a letter of</li> </ul>

		<p>reference regarding competence should come from a physician experienced in discography at the institution where the applicant most recently practiced.</p> <p><b>Reappointment:</b> Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 5 procedures in the PLD method for which privileges are requested annually over the reappointment cycle</p>
	<p><input type="checkbox"/> Percutaneous vertebroplasty</p>	<p><b>New Applicant:</b> Successful completion of an ACGME- or AOAAccredited residency program in orthopedic surgery, neuroradiology, interventional radiology, neurosurgery, or pain medicine that included training in percutaneous vertebroplasty or completion of an approved training course in percutaneous vertebroplasty that included proctoring.</p> <ul style="list-style-type: none"> <li>• Applicants must be able to demonstrate that they have performed at least five percutaneous vertebroplasty procedures in the past 12 months</li> <li>• 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 director of spine surgery at the facility where the applicant most recently practiced</li> </ul> <p><b>Reappointment:</b> Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully performed 10 percutaneous vertebroplasty procedures in the past 24 months.</p>
	<p><input type="checkbox"/> Balloon kyphoplasty</p>	<p><b>New Applicant:</b> Applicants must have completed an ACGME/AOA-accredited residency program in orthopedic surgery, neuroradiology, interventional radiology, neurosurgery, or pain medicine that included training in balloon kyphoplasty, or completed an approved training course in balloon kyphoplasty that included proctoring. Applicants must also have completed a device manufacturer's training course on the use of kyphoplasty devices.</p> <ul style="list-style-type: none"> <li>• Applicants must be able to demonstrate that they have performed at least 5 balloon kyphoplasty procedures in the past 12 months.</li> <li>• 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 director of spine surgery at the facility where the applicant most recently practiced.</li> </ul> <p><b>Reappointment:</b> Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully performed 10 balloon kyphoplasty procedures in the past 24 months.</p>
	<p><input type="checkbox"/> Lumbar disc arthroplasty</p>	<p><b>New Applicant:</b> Successful completion of an ACGME- or AOA-accredited spine fellowship or completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery that included extensive experience in disc arthroplasty and a series of mentored operations with another surgeon accomplished in disc arthroplasty and</p>

			<p>completion of a lumbar disc arthroplasty course by the offering technology company. In addition proficiency with fluoroscopy is required.</p> <ul style="list-style-type: none"> <li>Applicants must demonstrate competence and evidence of anterior lumbar interbody fusion experience (the performance, on average, of one or two such procedures in each of the preceding 12 months) and evidence of the performance of at least 2 lumbar disc arthroplasty procedures in the past 12 months or completion of training in the past 12 months.</li> </ul> <p><b>Reappointment:</b> The applicant must demonstrate current competence and evidence of the performance of at least 4 lumbar disc arthroplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition proficiency with fluoroscopy is required.</p>
			<p><input type="checkbox"/> Cervical disc arthroplasty</p> <p><b>New Applicant:</b> Successful completion of an ACGME- or AOA-accredited fellowship or completion of an ACGME-or AOA-accredited residency training program in orthopedic surgery that included extensive experience in disc arthroplasty, a series of mentored operations with another surgeon accomplished in disc arthroplasty, and completion of a cervical disc arthroplasty course by the offering technology company.</p> <ul style="list-style-type: none"> <li>Applicants must demonstrate current competence and evidence of at least 10 cervical disc arthroplasty procedures in the past 12 months or completion of training in the past 12 months.</li> </ul> <p><b>Reappointment:</b> Demonstrated current competence and evidence of the performance of at least 10 cervical disc arthroplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>
			<p><input type="checkbox"/> Moderate Sedation</p> <p>Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.</p>
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Privilege/Criteria</b>
<p><b>Current Privileges:</b> 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.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p><b>Core</b></p> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/>
			<p><b>Non-Core</b></p> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p> <hr/>

**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