### MIDLAND MEMORIAL HOSPITAL

# Delineation of Privileges PLASTIC SURGERY



Your home for healthcare

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

## Plastic Surgery Core Privileges Qualifications

Minimum threshold criteria for requesting core privileges in plastic surgery:

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

#### AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years)
  leading to certification in plastic surgery by the ABPS or AOBS in plastic and reconstructive surgery. (\*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:
  - Performance of at least 100 plastic surgery procedures, reflective of scope of privileges requested, in the last 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 plastic surgery, the applicant must have current demonstrated competence and an adequate volume of experience (50 plastic and reconstructive surgery 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 □ Approved □ Not Approved □

Core Privileges: Core privileges for plastic surgery include the ability to admit, evaluate, diagnose, and provide consultation to patients of all ages and surgically repair, reconstruct, or replace physical defects of form or function involving the skin, musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast, trunk, and external genitalia, or perform cosmetic enhancement of these areas of the body. 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.

The core privileges in this specialty include but are not limited to:

- Performance of history and physical exam
- Treatment of skin neoplasms, diseases, and trauma
  - Removal of benign and malignant lesions of the skin and soft tissue
  - Reconstruction by tissue transfer, including grafts and flaps
  - o Reconstruction of soft tissue disfigurement/scar revisions
  - Surgery on neoplasms of the head, neck, and oropharynx
- Breast surgery
  - o Breast reconstruction
  - Breast reduction
  - Breast biopsy
  - o Congenital anomalies
  - Mastectomy (subcutaneous and simple)
- Treatment of facial diseases and injuries including maxillofacial structures
  - Facial fractures including of the mandible
  - Deformities of the nose, ear, jaw, eyelid, and cleft lip and

Policy Tech Ref #: 5087 1 Date Approved: 12/21/2016 Last Review Date: 12/21/2016

			o Cı	alate raniofacial surgery kull base surgery
			o Fa	acial deformity and wound treatment umors of the head and neck
			0 3	he hand and extremities and wounds
			<ul> <li>Tendon inju</li> </ul>	ries
				and/wrist fractures arpal tunnel syndrome (endoscopic and open)
				upuytren's contracture
			o St	urgery for rheumatoid arthritis
				ongenital anomalies umors of the bones and soft tissues
				ive microsurgery
			o M	icrovascular flaps and grafts/free tissue transfer
			lo	eplantation and revascularization of the upper and wer extremities and digits
				econstruction of peripheral nerve injuries ion of congenital and acquired defects of the trunk and
			genitalia	ion of congenital and acquired defects of the trunk and
				aginal reconstruction
				epair of penis deformities ender reassignment
				nest and abdominal wall reconstruction
				und healing and burn treatment
				itial burn management cute and reconstructive burn treatment
			Cosmetic su	
			o Co	ontouring (body, facial)
				reast augmentation reast lift (mastopexy)
				psmetic rhytidectomy, rhinoplasty, and blepharoplasty
				ubcutaneous injections
				kin peeling and dermabrasion
				ein injection sclerotherapy posuction (including laser, ultrasonic assisted, and
				ower assisted)
				ndoscopic cosmetic surgery
			<ul><li>Use of Laser</li></ul>	aser therapy for vascular and cutaneous lesions
Requested	Approved □	Not Approved □	• Use of Laser	Criteria
			Privileges include porfe	orming outpatient preadmission history and physical,
			ordering noninvasive outpatient diagnostic tests and services, visiting patients	
Ref	er-and-follow privile	eges	in the hospital, reviewing medical records, consulting with the attending	
			of the attending physic	ng diagnostic or surgical procedures with the approval
Requested	Approved □	Not Approved □	Procedure	Criteria
Non-Core Privileges For each special request, threshold			■Moderate	Meet the criteria set forth by the Rules and
criteria (i.e., additional training or completion of a recognized			Sedation	Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges"
	course and required experience) must be established. Special			form.
requests for plastic surgery include.				

Policy Tech Ref #: 5087 2 Date Approved: 12/21/2016 Last Review Date: 12/21/2016

Requested 🚨	Approved □	Not Approved □	Privilege/Criteria			
Current Privileges: List any current privileges not listed			Core			
	-core. These privileges urrent appointment pe					
moved up to the app	ropriate core/non-core	e section.				
Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			<u> </u>			
			Non-Core □			
			<u> </u>			
To the applicant: If request and then in	-	e any privileges, ple	ase strike through the privileges that you do not wish to			
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 <b>only</b> 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  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/mo Notes:	dification/explanation					
Department Chair/Chie	ef Signature		 Date			