KetteringHEALTH

Orthopedic Surgery KHDO
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant 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 doubts related to qualification of requested privileges.

NOTE:

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.

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.

Required Qualifications

Membership	I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Primary Privileges Orthopedic Surgery

Request	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request*	Department/Section Chair	Credentials Committee Chair
	Amputation		
	Major, more than fingers & toes		
	Minor, fingers or toes		
	Dislocations (Open/Closed)		
	Major joints		
	Minor joints		
	Fractures (Open/Closed)		
	With or without internal fixation		
	Bone grafting		
	External fixation		
	Vertebral, cervical		
	Vertebral, lumbar		
	Vertebral, thoracic		
	Arthroplasty (Without implant)		
	Major joints		
	Minor joints		
	Arthrodesis (With or without internal fixation)		
	Major joints		
	Minor joints		
	Musculoskeletal Congenital		
	Anomalous Repair (excludes spine)		
	Joint Implant Arthroplasty		
	Ankle		
	Elbow		
	Hip		
	Knee		
	Shoulder		
	Joint Arthroplasty Without Implant		
	Ankle		
	Elbow		
	Hip		
	Knee		
	Shoulder		
	Peripheral Nerve Surgery		
	Biopsy		
	Graft		
	Neurolysis		
	Primary repair		
	Transplantation		

	Soft Tissue Procedures, Bone Lesions		
	Burn treatment		
	Excision of skin and soft tissue lesions, benign and malignant		
	Pedicle transfers		
	Skin grafting		
	Treatment of bone tumors, benign and malignant		
	Arthroscopy Without Reconstruction		
	Elbow		
	Hip		
	Knee		
	Shoulder		
	Wrist		
	Arthroscopically Aided Reconstruction (Requires documentation of training.)		
	Anterior and posterior cruciates		
	Shoulder instability		
	Shoulder rotator cuff		
	Spinal Surgery		
	Decompression with or without fusion		
	Disc excision with or without fusion, cervical		
	Disc excision with or without fusion, lumbar		
	Disc excision with or without fusion, thoracic		
	Instrumentation, cervical (requires documentation)		
	Instrumentation, lumbar (requires documentation)		
	Instrumentation, thoracic (requires documentation)		
	Special Procedures (Requires documentation of training.)		
	Arthroscopic carpal tunnel release		
	Ilizarov		
	Laser surgery		
	Microvascular surgery		
	Midas Rex		
	Hand Surgery		
	Diagnostic MSK Ultrasound		
	Fractures open and closed, with and without internal fixation		
	Reconstruction, implant and soft tissue		
	Tendon repair, graft		
	Tendon repair, primary		
	Tendon repair, secondary		
	Tendon repair, tenolysis		
	Tendon repair, transposition		
	Ultrasound Guided Carpal Tunnel Release		
	Other Procedures		
	Arthrography		
	Myelography		
	Other Privileges		
	Fluoroscopy		
	Joint injections		
	Spinal artifical disc		

	Tenotomy		

Hand Fellows

Request	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request*	Department/Section Chair	Credentials Committee Chair
	Bedside I and D - Oversight		
	Casts - Oversight		
	Closed Red and splinting wrist - Oversight		
	Compartment syndrome - Oversight		
	Congenital - Direct		
	CTR - Onsite		
	Excision masses hand/wrist - Onsite		
	Extensor tendon repair - Oversight		
	Finger tip - Oversight		
	Flexor Tendon repair - Onsite		
	Flouro - Oversight		
	Free flaps - Direct		
	Injections - Oversight		
	k-wire fractures - Oversight		
	Local flaps - Oversight		
	Microvascular - Direct		
	Nerve grafting - Direct		
	ORIF carpus - Direct		
	ORIF finger - Direct		
	ORIF radius - Direct		
	OR I and D - Oversight		
	Palmar & Digital Faciectomy - Direct		
	Practice based learning - Oversight		
	PRC - Direct		
	Pt. Safety - Oversight		
	Repair digital nerve - Onsite		
	Repair major nerve - Direct		
	Small joint arthroplasty - Direct		
	Small joint reduction - Oversight		
	Systems based practice - Oversight		
	Trigger release - Onsite		
	Wrist arthrotomy/arthroplasty - Direct		
	Wrist scope - Direct		

Robotics

Request	Request all privileges listed below. _Uncheck any privileges that you do not want to request_	Department/Section Chair	Credentials Committee Chair
	Robotic Assisted Total Joint		
	Mako Robotics (requires proof of additional training and certification)		
	Rosa Robotics (requires proof of additional training and certification)		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township 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.

_____   _____
Practitioner's Signature   Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

_____   _____
Chair, Department/Section   Date

_____   _____
Chair, Credentials Committee   Date