



Orthopedic Surgery KHHM
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. 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 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

Education/Training	Must have successfully completed an ACGME/AOA-accredited residency in orthopedic surgery.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation of performance of at least 100 orthopedic procedures, reflective of the scope of privileges requested, during the past 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.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Orthopedic Surgery, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Primary Privileges Orthopedic Surgery

Description: Core Privileges include Admit, evaluate, diagnose, treat, and provide consultation to patients 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. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	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 joint	
	Arthrography	
	Arthroscopic surgery	
	Biopsy and excision of tumors involving bone and adjacent soft tissues	
	Bone grafts and allografts	
	Closed reduction of fractures and dislocations of the skeleton	
	Consultation privileges in Orthopedic Surgery	
	Debridement of soft tissue	
	Excision of soft tissue/bony masses including ganglion cysts	
	Fasciotomy and fasciectomy	
	Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures	
	Ligament reconstruction	
	Management of infectious and inflammations of bones, joints and tendon sheaths	
	Muscle and tendon repair	
	Open and closed reduction of fractures and dislocation of skeleton	
	Open reduction and internal/external fixation of fractures and dislocations of the skeleton excluding spine	
	Perform History and Physical Examinations	
	Reconstruction of nonspinal congenital musculoskeletal anomalies	
	Total joint replacement revision	
	Total joint replacement surgery- knee, hip, shoulder, ankle	
	Treatment of entrapment of neuropathies (including carpal tunnel decompression, etc.)	

Surgery of the Hand

Description: Core Privileges include admit, evaluate, diagnose, treat, and provide consultation to patients 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. 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 procedure list below and such other procedures that are extensions of the same techniques and skills.

Qualifications

Education/Training Must have successfully completed 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.

Certification The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

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.

Clinical Experience (Initial) The successful applicant for initial appointment must provide documentation of 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 past 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.

Clinical Experience (Reappointment) 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.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Arthroplasty of large and small joints, wrist or hand, including implants	
	Bone graft pertaining to the hand	
	Carpal tunnel decompression	
	Consultation privileges in Surgery of the Hand	
	Fasciotomy and fasciectomy	
	Fracture fixation with compression plates or wires	
	Open and closed reductions of fractures	
	Perform History and Physical Examinations	
	Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc	
	Repair of lacerations	
	Repair of rheumatoid arthritis deformity	
	Skin grafts	
	Tendon reconstruction (free graft, staged)	

	Tendon release, repair and fixation	
	Tendon transfers	
	Treatment of infections	

Robotics

Description: Requires proof of additional training and certification.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	MAKO	
	ROSA	

Surgery of the Spine

Qualifications

- Membership** To be eligible to apply for core privileges To be eligible to apply for core privileges in orthopedic surgery of the spine, the initial applicant must meet the following criteria:
- Education/Training** Meet criteria for orthopedic surgery, successful completion of an accredited fellowship in orthopedic surgery of the spine or previously demonstrated case load experience.
- Certification** The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
- Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate performance of surgery of the spine procedures, reflective of the scope 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 last 12 months.
- Clinical Experience (Reappointment)** 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.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Surgery of the Spine	

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

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Anterior and posterior fusion with/without hardware	
	Assessment of the neurologic function of the spinal cord and nerve roots	
	Core Privileges include 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 procedure list below and such other procedures that are extensions of the same techniques and skills.	
	Discectomy (single or multilevel)	
	Endoscopic minimally invasive spinal surgery	
	Facetectomy	
	Foraminotomy	
	Hardware Removal	
	Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation	
	Lumbar Puncture	
	Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine	
	Perform history and physical exam	
	Scoliosis and kyphosis instrumentation	
	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	

Special Noncore Privileges - Orthopedic Surgery of the Spine

Description: 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 the maintenance of the clinical competence. If documentation is required, please submit all required elements with your application/reapplication.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Special Noncore Privileges - Orthopedic Surgery of the Spine	

Percutaneous Lumbar Discectomy (PLD)

Qualifications

Education/Training 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 PLD method for which privileges are requested.

Clinical Experience (Initial) 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.

Clinical Experience (Reappointment) 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 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Percutaneous Lumbar Discectomy (PLD)	

Balloon Kyphoplasty

Qualifications

Education/Training Successful completion of an ACGME- or AOA accredited residency training 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 vendor representative. Applicants must also have completed training in radiation safety.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedure in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Balloon Kyphoplasty	

Artificial Disc Replacement (ADR)

Qualifications

Education/Training 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.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance within the past 12 months.

Clinical Experience (Reappointment) 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.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Artificial Disc Replacement (ADR)	

Special Privileges Orthopedic Surgery

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Orthopedic Surgery	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated

diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date

