



Surgery - Plastic 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

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| Education/Training | Must have successfully completed an ACGME/AOA-accredited residency in plastic 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 at least 100 plastic surgery cases, reflective of the scope of privileges requested, in 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 Plastic 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 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. |

Primary Privileges Plastic Surgery

Description: Core Privileges include: admit, evaluate, diagnose, provide consultation to patients with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

| 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 | |
| | Amputation of digits | |
| | Carpel tunnel | |
| | Consultation privileges in Plastic Surgery. | |
| | Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips | |
| | Free tissue transfer flap with microvascular anastomosis | |
| | Hair transplantation, punch or strip | |
| | Hand lacerations and infections of the skin (not involving the tendons) | |
| | Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities | |
| | Major head and neck radical cancer surgery and reconstruction. | |
| | Management of all forms of facial or maxillofacial trauma including fractures | |
| | Management of frontal sinus fractures | |
| | Management of patients with burns, including plastic procedures on the extremities, which also includes fasciotomy | |
| | Management of soft tissue infections | |
| | Microvascular procedures excluding replantation | |
| | Perform History and Physical Examinations | |
| | Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias | |
| | Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction | |
| | Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, or tissue fillers | |
| | Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons | |
| | Removal of benign and malignant tumors of the skin | |
| | Resection of intra oral tumors, oral cavity, palate | |
| | Sentinel lymph node biopsy | |
| | Skin graft to the hand | |
| | Surgery of congenital anomalies, including revision of cleft lip and cleft palate | |
| | Trunk reconstruction w/o any soft tissue defect | |
| | Primary Privileges Hand Surgery (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. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.) | |
| | Admit and manage patients in non-critical care and unmonitored settings | |

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| | Arthroplasty of large and small joints, wrist or hand, including implants | |
| | Bone graft pertaining to the hand | |
| | Carpal tunnel decompression | |
| | Consultation privileges in Plastic Surgery. | |
| | 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 | |

Management of Facial or Maxillofacial Trauma including Fractures

Qualifications

Education/Training Documentation of current competence and evidence of performance of the procedure within the past 24 months.

Clinical Experience (Reappointment) Documentation of current competence and an adequate volume of experience with acceptable results reflective of the privileges requested within the past 24 months.

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| Request | Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i> | Dept Chair Rec |
| | Management of Facial or Maxillofacial Trauma including Fractures | |

Special Privileges Plastic 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.

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

Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser ty0es for which they have been provided documentation of training and experience.

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

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.

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| 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.

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| 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):

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| <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 |
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Additional Comments

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Signature of Department Chair/Designee

Date