



Podiatry 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.
Education/Training	<p>Clinical privileges in podiatric surgery shall be defined as those standard, usual, and customary procedures appropriate to the diagnosis and treatment of any and all diseases encompassed by that specialty.</p> <p style="text-align: center;">AND</p> <p>The applicant must have completed an approved one year post-graduate residency program approved by the Council on Podiatric Medical Education or be Board Eligible/ Qualified by the American Board of Podiatric Surgery.</p>
Clinical Experience	<p>Surgical privileges are granted based upon demonstrated knowledge, training, experience, recommendations, and American Board of Podiatry Surgery status. Final determination of the scope of privileges shall be made by the Section of Orthopedics.</p> <p style="text-align: center;">AND</p> <p>New applicants shall be on an associate status for a one year period, to assess the qualifications of the practitioner. The associate must successfully complete the monitoring protocol (Article VIII).</p>
Note	AH podiatric patients must be admitted and are under the care of an M.O. or D.O. The M.D. or D.O. is responsible for the history and physical examination and the completion of the hospital chart. The Podiatrist is responsible for a timely and comprehensive operative report, appropriate written orders, and progress notes of the patient's hospital course.

Primary Privileges Podiatry

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	CLASS I PROCEDURES (Includes soft tissue and osseous repairs to the toes. This also includes soft tissue repair of the MPJ area. Selected soft tissue neoplasms of the digits and interdigital spaces are also included in this category.)		
	Application of skin substitute		
	Capsulotomy and tenotomy MPJs		
	Excision of cutaneous lesions (benign)		
	Excision of Morton's neuroma		
	Excision of superficial cysts (sebaceous, ganglions, etc.), toes and forefoot only		
	Excision of toenails, partial or complete; with or without matricectomy		
	Hammertoe repair; arthroplasty, fusion		
	Incision and drainage of abscesses, toes and forefoot		
	Minor surgical debridement of wound		
	Phalangeal exostectomies		
	Phalangeal osteotomies 2-5 only		
	Tenoplasty of digital tendons		
	Tenotomy of digital tendons only		
	Repair of lacerations involving skin and subcutaneous tissues		
	Syndactylization of toes		
	Wound biopsy		
	CLASS II PROCEDURES (Includes Hallux Valgus repair and lesser metatarsal surgery. This class also includes selected mid and rear foot procedures that are considered to be less complicated than reconstructive procedures listed in Class III.)		
	Lesser Metatarsal Procedures		
	Excision of sesamoid bone or ossicle		
	Fracture repair; open or closed		
	Implant arthroplasty		
	MPJ arthroplasty/head resection; single or multiple		
	Osteotomy; proximal or distal		
	Tendon lengthening		
	Hallux and First Ray		
	Complex diaphyseal osteotomy		
	Distal metaphyseal osteotomy		
	Excision of sesamoid bone or ossicle		
	Fracture repair; open or closed		
	Implant arthroplasty		
	IPJ arthrodesis		
	Jones suspension procedure		
	MPJ arthrodesis		
	Phalanx osteotomy		

	Proximal metatarsal osteotomy		
	Radical/ complex bunionectomy		
	Simple bunionectomy		
	Amputations		
	Digital; singles		
	Distal digital symes		
	Other Procedures		
	Desyndactylization		
	Excision of benign soft tissue cysts; ganglions, lipomas, fibromas, etc.		
	Haglund's deformity resection		
	Heal spur resection		
	ORIF metatarsal fracture- - single		
	Plantar fasciotomy/fasciectomy		
	Steindler stripping/total fasciectomy		
	Skinplasties		
	CLASS III PROCEDURES (This category comprises all major constructive foot surgeries, but is not limited to the procedures listed.)		
	Amputations; digital, multiple		
	Arthroscopy; ankle joint		
	Excision of soft tissue tumors and ankle		
	Forefoot reconstruction for RA		
	I/D mid and rearfoot infections		
	Lateral ankle stabilization procedures		
	Major tendon lengthening (TAL, etc)		
	Major tendon transfers (Hibbs, STATT, etc)		
	Midfoot amputations		
	ORIF metatarsal (multiple), tarsal fractures		
	Ray resections; partial or total; single or multiple		
	Repair of ankle ligaments		
	Repair of major tendon ruptures		
	Repair of talar dome lesions; osteochondral fractures/fragments		
	Resection/release major peripheral nerves		
	Subtalar joint arthrodesis procedures		
	Surgical treatment of neoplasms; soft tissue and osseous		
	Symes amputation		
	Tarsal arthrodesis; single or multiple		
	Tarsal osteotomies; single or multiple		
	Tarsal tunnel decompression/release		
	Transmetatarsal amputation		

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):

<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

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date