



Ophthalmology KHMC & KHMB & KHTR
Delineation of Privileges

Applicant's Name: _____

Kettering Health Miamisburg and Kettering Health Troy Hospital: Consultative Privileges Only

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

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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.

If on call, all ophthalmologists should respond within 45 minutes or have an alternate who is able to respond within the 45 minute time frame.

Table with 2 columns: Requirement Category and Required Qualifications. Rows include Membership, Education/Training, Certification, Clinical Experience (Initial), and Clinical Experience (Reappointment).

current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges Ophthalmology

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, treat, and provide consultation, order diagnostic studies and procedures, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including the eyelid and orbit affecting the eye and the visual pathways. 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.
			Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
			<i>*Consultative Privileges Only (Kettering Health Miamisburg and Kettering Health Troy)*</i>
			A and B-mode ultrasound examination
			Anterior limbal approach or pars plana automated vitrectomy
			Conjunctiva surgery, including grafts, flaps, tumors, pterygium, pinguecula
			Corneal surgery, including diathermy, traumatic repair but excluding keratoplasty, keratotomy and refractive surgery
			Corneal/scleral laceration repair
			Cryotherapy for ciliary body for uncontrolled painful glaucoma
			Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery
			Glaucoma, reoperation, Seton/tube surgery
			Injection of intravitreal medications
			Intra and extracapsular cataract extraction with or without lens implant, or phacoemulsification
			Laser peripheral iridotomy, trabeculoplasty, pupilo/gonioplasty, suture lysis; pan-retinal photocoagulation, macular photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, lysis
			Lid and ocular adnexal surgery, including plastic procedures, chalazion, ptosis, repair of malposition, repair of laceration, blepharospasm repair, tumors, flaps, enucleation, evisceration
			Nasolacrimal surgery including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, balloon dacryoplasty
			Orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, tumor and foreign body removal
			Perform history and physical exam
			Removal of anterior or posterior segment foreign body
			Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
			Strabismus surgery
			Use of local anesthetics and parenteral sedation for ophthalmologic conditions

Photorefractive Keratectomy

Qualifications

Education/Training Successful completion of an ABMS, ACGME- or AOA-accredited residency program in ophthalmology followed by a fellowship or experience in refractive or corneal surgery. In addition, successful completion of an FDA-approved postgraduate PRK course.

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

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

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Photorefractive Keratectomy

Phakic Intraocular Lens (IOL) Implant Surgery

Qualifications

Education/Training Successful completion of an ABMS, ACGME- or AOA-accredited residency in ophthalmology. In addition, applicants must complete a formal training course in phakic IOL implant surgery.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 10 IOL surgery procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to phakic IOL implant surgery should be required.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Phakic Intraocular Lens (IOL) Implant Surgery

Corneal Ring Implants

Qualifications

Education/Training Successful completion of an accredited residency in Ophthalmology and an approved course in

Corneal Ring Implant procedures and performance of at least 25 Corneal Ring Implants, the first five of which were performed under the supervision of an experienced surgeon.

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

Clinical Experience (Reappointment) Performance of Corneal Rings Implant in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Corneal Ring Implants

Corneal Transplants (Penetrating Keratoplasty)

Qualifications

Education/Training Successful completion of an ABMS, ACGME- or AOA-accredited residency in ophthalmology. If residency training did not include performing corneal transplants, applicants must have completed a training program that included performing corneal transplants.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 12 corneal transplant procedures in the past 12 months.

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

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Corneal Transplants (Penetrating Keratoplasty)

Retina and Vitreous Surgery

Qualifications

Education/Training Successful completion of an ABMS, ACGME- or AOA-accredited residency in ophthalmology followed by successful completion of a fellowship in vitreo retinal surgery or the equivalent in training and experience.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance, reflective of the scope of privileges requested, in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Closed system vitrectomy including peeling epiretinal or subretinal membranes
			Pneumatic retinopexy
			Scleral buckle procedures
			Macular photocoagulation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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

Clinical Service Chair Signature

Date