



Orthopedic Surgery KHMC & KHMB & KHTR
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 and doubts related to qualification of requested privileges.

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.

Required Qualifications

Table with 2 columns: Requirement Category and Description. Categories include Membership, Education/Training, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Core Privileges Orthopedic Surgery

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
			Core 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.)
			Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages 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. 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.
			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
			Carpal tunnel decompression
			Closed reduction of fractures and dislocations of the skeleton
			Debridement of soft tissue
			Excision of soft tissue/bony masses
			Fasciotomy and fasciectomy
			Fracture fixation
			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
			Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
			Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
			Management of infectious and inflammations of bones, joints and tendon sheaths
			Muscle and tendon repair
			Open and closed reduction of fractures

		Open reduction and internal/external fixation of fractures and dislocations of the skeleton excluding spine
		Orthotripsy
		Perform history and physical exam
		Reconstruction of nonspinal congenital musculoskeletal anomalies
		Removal of ganglion (palm or wrist; flexor sheath)
		Total joint replacement revision
		Total joint surgery

Surgery of the Hand (as a subspecialty of Orthopedic Surgery) Core Privileges

Qualifications

Education/Training Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in orthopedic, plastic or general surgery and successful completion of an accredited fellowship in surgery of the hand.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification within specified specialty (i.e. orthopedics, plastic surgery or general surgery).

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) Applicants for initial appointment must be able to demonstrate 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 last 12 months, or demonstrate successful completion of an ACGME-, ABMS- 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 surgery of the hand, the applicant must meet the following maintenance of privilege criteria: 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>
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 to patients of all ages, 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 ehabilitative means. 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.
			Core Procedures
			Arthroplasty of large and small joints, wrist or hand, including implants
			Bone graft pertaining to the hand
			Carpal tunnel decompression
			Fasciotomy and fasciectomy
			Fracture fixation with compression plates or wires

		Open and closed reductions of fractures
		Perform history and physical exam
		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

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

Qualifications

Membership 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, plus successful completion of an accredited fellowship in orthopedic surgery of the spine.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate performance of surgery of the spine procedures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME-, ABMS- 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 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			<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 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.
			Core Procedures
			Assessment of the neurologic function of the spinal cord and nerve roots
			Endoscopic minimally invasive spinal surgery

		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 (See Specific Criteria)

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 for maintenance of clinical competence.

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
			Special Non-Core Privileges (See Specific Criteria)

Percutaneous Lumbar Discectomy (PLD)

Qualifications

Education/Training Successful completion of an ACGME, ABMS 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 the 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 2 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>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Percutaneous Lumbar Discectomy (PLD)

Balloon Kyphoplasty

Qualifications

- Education/Training** Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) 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 Kyphon company 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 procedures in the past 12 months.
- Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures 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	<p>Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.</p>
			- Currently granted privileges
			Balloon Kyphoplasty

Artificial Disc Replacement (ADR)

Qualifications

Education/Training Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) 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			<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
			Artificial Disc Replacement (ADR)

Robotic Assisted Surgery

Description: NOTE: ALL proctoring at Hospital requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KMCS in the same specialty as the applicant with robotic assisted surgery privileges and adequate case volume. All proctors are to be approved by the respective Clinical Service Chair.

Qualifications

Membership For initial robotic assisted privileges, the applicant must fulfill the following criteria:

Education/Training Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed.

Clinical Experience (Initial) If RESIDENCY COMPLETED WITHIN LAST THREE YEARS; Applicant must provide letter from the program director affirming qualification to perform the requested procedure(s) using the robotic system;

AND

Case log of at least 10 cases in the last 12 months.

AND

If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed should be reviewed by the Robotics Committee, department Chair or designee. IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR ROBOTIC; Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure(s) using the robotic system.

AND

Case log of at least 10 cases performed in the last 12 months.

AND

If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed should be reviewed by the Robotics Committee, department Chair, or designee.

IF RESIDENCY TRAINED BUT NO PRIOR ROBOTIC EXPERIENCE;
 Completion of training that includes computer-based education, porcine lab, docking and problem resolution training.

AND

Observe and document two cases with preceptor physician.

AND

Perform a minimum of three proctored cases acting as primary physician.

AND

Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor.

AND

After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.

AND

The next five cases performed shall be reviewed by the Robotics Committee, department Chair, or designee.

Clinical Experience (Reappointment)

Proficient completion of 20 cases, including those at outside institutions during the reappointment cycle. 10 of those cases should be done in the last 12 months.

AND

If <10 cases in the last 12 months, the first case should be proctored.

AND

Ongoing continuing medical education in robotics.

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
			MAKO
			ROSA

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

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
			Administration of Sedation and Analgesia

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations.

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
			Fluoroscopy

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, Kettering Health Troy Hospital(s) 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 _____