



Wound Care Privilege KHMC & KHMB 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	Successful completion of Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA) - or Council on Podiatric Medical Education (CPME) - accredited post-graduate training program.
Certification	Current certification or active participation in the examination process with achievement of certification within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	Applicant must be able to demonstrate the performance of at least 12 inpatients or outpatients during the past 12 months.
Clinical Experience (Reappointment)	Current demonstrated 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 Wound Care

Description: Provide services to patients with wound and skin disorders on a non-emergent basis.

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		PHYSICIANS MD/DO Only
		Application of Skin Substitute
		Complicated Wound Management and Treatment
		Incision and Drainage of Abscesses
		Inpatient Consultation for Wound Care Management
		Local and Regional Anesthesia (MD/DO)
		Minor Surgical Debridement of Wounds
		Simple Laceration Repair
		Transcutaneous Oximetry Interpretation
		Wound Biopsy

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 and Kettering Health Miamisburg 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